



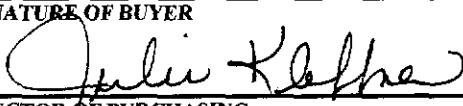
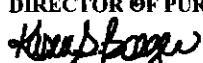
## NOTICE OF AWARD

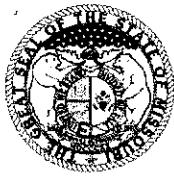
State Of Missouri  
Office Of Administration  
Division Of Purchasing  
PO Box 809  
Jefferson City, MO 65102-0809  
<http://oa.mo.gov/purchasing>

SOLICITATION NUMBER	CONTRACT TITLE
RFPS30034901700042	Alternatives to Abortion Program Services
CONTRACT NUMBER	CONTRACT PERIOD
CS170042003	February 1, 2017 through June 30, 2017
REQUISITION/REQUEST NUMBER	SAM II VENDOR NUMBER/MissouriBUYS SYSTEM ID
NR 300300700001	13421808001/MB00099548
CONTRACTOR NAME AND ADDRESS	STATE AGENCY'S NAME AND ADDRESS
FAITH MATERNITY CARE 1900 LAKE DRIVE FULTON MO 65251	Office of Administration Commissioner's Office State Capitol Building, Room 125 Jefferson City MO 65101

### ACCEPTED BY THE STATE OF MISSOURI AS FOLLOWS:

The proposal submitted by Faith Maternity Care in response to Solicitation Opportunity OPP No. RFPS30034901700042 is accepted in its entirety. The maximum annual total price available for fiscal year 2017 for Geographic Region 4 is \$88,870.00; the prorated total price for the above-referenced contract period is \$37,029.17.

BUYER	BUYER CONTACT INFORMATION
Julie Kleffner	Email: Julie.Kleffner@oa.mo.gov Phone: (573) 751-7656 Fax: (573) 526-9816
SIGNATURE OF BUYER	DATE
 A handwritten signature in black ink that appears to read "Julie Kleffner".	1-25-17
DIRECTOR OF PURCHASING	
 A handwritten signature in black ink that appears to read "Karen S. Boeger".	
Karen S. Boeger	



STATE OF MISSOURI  
OFFICE OF ADMINISTRATION  
DIVISION OF PURCHASING (PURCHASING)  
REQUEST FOR BEST AND FINAL OFFER (BAFO)  
FOR REQUEST FOR PROPOSAL (RFP)

ORIGINAL

BAFO REQUEST NO.: 002

SOLICITATION/OPPORTUNITY (OPP) NO.: RFPS30034901700042

TITLE: Alternatives to Abortion Program Services

ISSUE DATE: 10/18/16

REQ NO.: NR 300 300700001

BUYER: Julie Kleffner

PHONE NO.: (573) 751-7656

E-MAIL: Julie.Kleffner@oa.mo.gov

BAFO RESPONSE SHOULD BE RETURNED BY: 10/25/16 AT 5:00 PM CENTRAL TIME

MAILING INSTRUCTIONS: Print or type RFP Number and Return Due Date on the lower left hand corner of the envelope or package. Sealed BAFOs should be in Division of Purchasing office (301 W High Street, Room 630) by the return date and time.

(U.S. Mail) RETURN BAFO RESPONSE TO: PURCHASING PO BOX 809 JEFFERSON CITY MO 65102-0809	or (Courier Service) PURCHASING 301 WEST HIGH STREET, RM 630 JEFFERSON CITY MO 65101-1517
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CONTRACT PERIOD: Effective Date of Contract Through June 30, 2017

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Office of Administration  
Commissioner's Office of Administration  
State Capitol Building, Room 125  
Jefferson City MO 65101

The vendor hereby declares understanding, agreement and certification of compliance to provide the items and/or services, at the prices quoted, in accordance with all terms and conditions, requirements, and specifications of the original RFP as modified by any previously issued RFP addendums and by this and any previously issued BAFO requests. The vendor agrees that the language of the original RFP as modified by any previously issued RFP addendums and by this and any previously issued BAFO requests shall govern in the event of a conflict with his/her proposal. The vendor further agrees that upon receipt of an authorized purchase order from the Division of Purchasing or when a Notice of Award is signed and issued by an authorized official of the State of Missouri, a binding contract shall exist between the vendor and the State of Missouri.

SIGNATURE REQUIRED

VENDOR NAME Kingdom Ministers DBA Faith Maternity Care		MissouriBUYS SYSTEM ID (SEE VENDOR PROFILE - MAIN INFORMATION SCREEN) 99548	
MAILING ADDRESS PO Box 6232			
CITY, STATE, ZIP CODE Fulton, MO 65251			
CONTACT PERSON Laura Griggs		EMAIL ADDRESS treasurer@faithmaternity.com	
PHONE NUMBER 573 - 642 - 7414		FAX NUMBER	
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE) <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input checked="" type="checkbox"/> IRS Tax-Exempt			
AUTHORIZED SIGNATURE 		DATE 10-20-16	
PRINTED NAME Laura Griggs		TITLE treasurer	

**EXHIBIT F**

**METHOD OF PERFORMANCE**

The vendor should present a written plan for performing the requirements specified in this Request for Proposal. In presenting such information, the vendor should specifically address each of the following issues:

1. For each geographic region proposed, identify the service location as well as any satellite locations. Describe the geographic proximity of the services being proposed to the majority of clients to be served. Describe how women initially access services and locate the service location/satellite location.

**GEOGRAPHIC REGION \_4**

*(Identify the geographic region. If proposing multiple geographic regions, copy and complete this table for each geographic region proposed.)*

Identify the service location:	1900 Lake Dr, Fulton, MO 65251 (Residential Program)
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Identify the satellite location(s)	500 Market St, Ste 301C, Fulton, MO 65251 (Non-Residential Office)
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Describe the geographic proximity of the services being proposed to the majority of the clients served.
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The satellite location intends to serve low income women/families in Fulton, and is located within walking distance (1 mile or less) from several low-income and section VIII housing constructs. The residential (Lake Drive) location accepts clients from across the state of Missouri, most of whom are from within an hour of the location. The residential home is located in a more quiet and secluded location to protect the privacy and promote the safety of our residents, especially those from abusive relationships.

Describe how women initially access service and locate the service location/satellite location.
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Women typically find us through our website ([www.faithmaternity.com](http://www.faithmaternity.com)) or through a referral from a caseworker, other community organization such as CMCA, Headstart, or local doctors' office. A potential client can reach us anytime of the day or night via a phone call to the FMC residential office, during business hours at the satellite location, email us from the "contact us" section of our website, or by stopping by our facility or satellite location and requesting assistance in person.

2. For each geographic region proposed, describe the demographic profile of the at-risk population to be served. Describe outreach strategies for reaching the targeted at-risk population(s), including strategies for addressing the cultural diversity of targeted clients

#### **GEOGRAPHIC REGION \_4**

*(Identify the geographic region. If proposing multiple geographic regions, copy and complete this table for each geographic region proposed.)*

Describe the demographic profile of the at-risk population to be served.

The residential program at FMC serves pregnant women aged 18 and older who are living at or below 185% of federal poverty levels. These women occasionally have older children who they are able to bring with them into the FMC residential program. These women come from diverse ethnic backgrounds, with about 50% being from a minority group (African American or Hispanic).

The non-residential program serves expectant mothers of all ages (minors with the permission of parents or guardians) and co-parenting couples (both married and unmarried). Individuals or families receiving financial (primarily rent and utility) assistance must have an established financial need; however, our educational and emotional support services are available to all members of the community regardless of economic status. The ethnic diversity of our non-residential clients matches that of our residents.

Describe outreach strategies for reaching the targeted population.

By cooperating with local organizations such as CMCA, adoption agencies, and government social service agencies, along with placing advertisements in high-traffic public areas such as doctors offices and local health departments, we are able to reach clients who represent a diverse cultural and socio-economic background.

3. For each geographic region proposed, describe the marketing of services.

Our services are marketed in three distinct ways. First, detailed pamphlets and flyers are made available at most churches, doctors offices, related government agencies (such as the WIC office), and other locations where individuals facing an unplanned or crisis pregnancies are likely to visit. These pamphlets and flyers outline the types of services available at FMC and how to contact us for help. Second, tear off flyers are hung in private public locations (such as restrooms or exam rooms) where a potential client would be able to discretely tear off a tab with our contact information in private. This allows for women in abusive or unsafe relationships to obtain our contact information without putting themselves or their unborn child at risk.

Third, we also market our services via our website. A Google search for Missouri Maternity Home will typically have Faith Maternity Care listed as the second result, with a direct link to our page that includes detailed information on the type of services we offer and how to contact us.

**Item Revised by Addendum #1**

4. For each geographic region proposed, identify the site where the Initial Client Intake Assessment will be conducted. Describe how client eligibility will be determined.

#### **GEOGRAPHIC REGION \_4**

*(Identify the geographic region. If proposing multiple geographic regions, copy and complete this table for each geographic region proposed.)*

Identify the site where the Initial Client Intake Assessment will be conducted:	1900 Lake Dr, Fulton, MO 65251 (Residential) 500 Market St, Ste 301C, Fulton, MO 65251 (non-residential)
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Describe how client eligibility will be determined.

When a prospective client contacts us for services, we follow several specific steps to determine eligibility.

Most clients contact us by phone, so one of our staff will discuss the types of services available and complete brief eligibility form over the phone. The form is then given to one of our case managers, who contacts the client to complete eligibility determination and line up services.

If the client wishes to be accepted as a resident, the program director completes an interview (usually within one or two days, as the need for placement is usually urgent). If the client is unable to travel to our facility for the interview, it will be conducted over the phone. During the interview a credentialed case manager meets with the client, determines eligibility, requires proof of pregnancy in the form of a pregnancy test from our office or medical release from a practitioner, explains the house rules, our expectation for the client to receive parenting education and job skills training, and our expectation that the client adopt/continue a drug free lifestyle that benefits both mom and baby. The client's financial need will also be assessed, either by faxed copies of the A2A required documents or assessment of documents in person to ensure that the client is below the 185 percent of the federal poverty level. If the client is willing to agree with the expectations and meets eligibility requirements, she will meet with a credentialed case manager to have an Individual Risk and Needs Assessment completed as a final assessment, and is then accepted into the program upon signing a consent form to receive A2A services.

5. For each geographic region proposed, provide a detailed description of the case management process. Identify the hours of service, including emergency coverage outside of business hours and weekends.

The majority of case management services are handled by the Program Director between the hours of 9-5 Monday through Friday. Residential clients are required to meet with a credentialed case manager for one hour once or twice a week for any prenatal/parenting educational needs, and at least one hour a month for creating and reviewing goal sheets and assistance with other, non-educational needs identified in the IPCP. If the client is connected with other agencies (such as a DFS caseworker), the credentialed caseworker will arrange check in and conference times to assure that the client is meeting both FMC requirements and those set by the other agency(ies). Our non-residential clients are required to meet with either the credentialed or non-credentialed caseworker either face-to-face at a FMC facility, at their home, or at a predetermined safe location, at least twice a month. In the event of an emergency, clients can reach a staff member 24/7 by phone at the FMC office. Along with the program director, we also have one volunteer credentialed case manager to assist with overflow and after-hours needs so that someone is also available to help. This individual also audits case management files on a quarterly basis to ensure that clients are receiving an appropriate level of care and that all files are being maintained according to standards set by the A2A program and the Board of Directors.

**Item Revised by Addendum #1**

6. For each geographic region proposed, provide a preliminary list and description of all prenatal and parenting education courses provided by your organization. Indicate the source of the course material taught in each class and identify where each of the required educational components identified in paragraph 2.3.1 c. of the RFP are covered.

Prenatal/Infant Education

Safe Sleep for Infants - "Reducing the risk of SIDS", Heritage House '76 and "Safe Sleep for Your Baby", Missouri Department of Health and Senior Services

- Educates clients on safe sleep for babies (sleeping on the back, no blankets, etc) and ways to reduce the risk of SIDS.

Breastfeeding and/or WIC Education – “Breastfeeding Your Baby” Mead Johnson & Company; referral to breastfeeding consultant at WIC office

- To educate clients on the benefits of breastfeeding and to improve confidence in abilities to breastfeed. Provides education on ways to accommodate everyday tasks while still breastfeeding. Meeting with the breastfeeding consultant provides clients the opportunity to get comfortable with the idea of breastfeeding and ask questions.

Prenatal Care Education – Earn While You Learn Curriculum; Heritage House '76, Inc.

- The objective is to give clients an understanding of what will happen during the first visit, what is tested, what the results mean and what rights they have. Also, it encourages them to ask questions and take ownership of their pregnancy. Also includes information about the importance of Folic Acid and other important nutrients for a healthy pregnancy.

Smoking While Pregnant Education – Earn While You Learn Curriculum; Heritage House '76, Inc.

- The objective is to give clients an understanding of the effects of smoking on the unborn child and pregnancy health. Also provides education on the dangers of second hand smoke during pregnancy.

Illegal Drugs and Alcohol During Pregnancy Education – “And Down Will Come Baby: Drugs and Alcohol During Pregnancy” Department of Education 1994

- To educate clients on the dangers of illegal drug and alcohol use during pregnancy. Specifically covers various substances and the potential long term effects on the child after birth.

Immunization Education – “Vaccines for Your Children: Protect Your Child at Every Age” Center for Disease Control

- To educate clients on immunization recommendations for children and the recommended immunization schedule.

Shaken Baby Syndrome Education – “Preventing Shaken Baby Syndrome” DVD and discussion; Children’s Trust Fund (Missouri’s Foundation for Child Abuse Prevention) “Shaken Baby Syndrome” Medline Plus

- To help clients understand the dangers in shaking a baby, symptoms, and lasting effects from shaking a baby. Also to educate clients on ways to calm themselves if feeling overwhelmed and frustrated; focus on prevention of Shaken Baby Syndrome.

Car Seat Safety – Instruction by local fire department and “Car Seat Safety”, Heritage House '76

- Clients are taken to the local fire department to have car seat installation checked and to also receive an overview on how to use a car seat safely. Lesson reinforced with Heritage House '76 DVD curriculum.

Nutrition Education – Earn While You Learn Curriculum; Heritage House '76, Inc.

- To help clients understand why proper nutrition is essential during pregnancy. Outlines ideal foods, caloric intake, and what foods to eat for essential nutrients during pregnancy. Reviews healthy weight gain during pregnancy, and what this weight gain is divided amongst (i.e., breasts, amniotic fluid, etc.)

#### Co Parenting (Encouraging Responsible Paternity)

“One Heart Two Homes” CoParenting International

- To help parents learn how to communicate with one another and work together when making decisions to ensure the child’s best interest is considered first; instead of personal feelings/emotions.

#### Parenting (Encouraging Responsible Paternity)

“Making Parenting a Pleasure” – Parenting Now!, 1997; Positive Parenting Solutions, Inc., 2006-2016

- To educate clients on positive ways to cope with stress, communicate, and resolve conflicts with children.

Offers clients opportunities to explore and transform their parenting style, and develop a support system.

7. For each geographic region proposed, describe each of the services specified in section 2.3.2 of the RFP. Explain the service delivery system including any referral network and referral plan *for any services the vendor will not provide directly or through a subcontractor*. Describe the cultural competency of providers.

**Prenatal Care-** Clients who cannot access regular prenatal care are provided transportation to and from all appointments to a provider of their choice in town (Fulton) by a FMC staff member or public bus (provided by SERVE). Clients who are high risk or need a specialized test (ultrasound, etc) are provided transportation to and from a provider of their choice at the nearest major city (Jefferson City or Columbia). FMC will provide clients with a list of local physicians that will accept MO Healthnet insurance for the client to review. Since clients are responsible for choosing their own practitioner, they are able to select a provider that meets their individual needs and expectations. Clients who need transportation at the time of delivery or other emergency can reach a FMC staff member 24/7 at the FMC office for transportation.

Clients who do not have insurance are immediately assisted with applying for Medicaid or for insurance through the state exchange. While the client waits for confirmation of coverage, FMC will cover costs of immediately necessary medications (such as prenatal vitamins and diabetes monitors) and communicate with the doctor so that visits can be billed for once a Medicaid number is available.

**Medical Care** – The FMC facility is staffed 24/7, allowing for clients to receive immediate transportation to Urgent Care or a local ER for emergency medical needs. Please see “Prenatal Care” for our method of connecting clients with standard medical care. FMC provides all transportation to and from medical appointments with ministry owned vehicles driven by staff members or by referring the client to SERVE and paying bus fare for unemployed clients. SERVE provides affordable transportation in Callaway County and is able to accommodate clients of varying backgrounds, including those with disabilities.

**Mental Health Care** - Clients identified as needing mental health care can receive counseling at the FMC office by a registered PLPC once a week or can request to be referred to Options Unlimited to see a psychologist. FMC has negotiated a flat price of \$35/session with a local PLPC for A2A eligible clients. Clients who choose to be seen at Options Unlimited can typically have their visits covered by Mo HealthNet. Between these two options, counselors and psychologists of varying cultural backgrounds and experiences are available.

**Newborn or Infant Medical Care** – FMC provides transportation to a family doctor/pediatrician of the clients' choosing and keeps a calendar of all appointments to ensure that all babies are seen regularly by a physician. Clients are encouraged to choose their own physician, so are able to find a provider that meets their individual needs and beliefs. FMC maintains a list of all local, licensed practitioners to provide to clients.

**Adoption Assistance** - All clients that reflect an interest in adoption are given information on local adoption agencies. A case manager assists the client in understanding the difference between agencies and with scheduling appointments to work with the agency she has selected. We maintain a database of all agencies that service mid-Missouri, allowing the client to choose an adoption provider that meets her needs and expectations. The adoption agencies typically cover all costs associated with client transportation, legal meetings, and other requirements. Clients that wish to arrange a private adoption with a family member or friend are assisted with locating and transportation to a lawyer and any necessary court dates.

FMC maintains a neutral stance on adoption and neither encourages nor discourages any parent from choosing adoption.

**Child Care** – Clients who require childcare are first connected with the Headstart Program, as it is the least expensive and most culturally diverse option available. This program offers 30 days of free childcare for parents in our program to ensure that they are able to receive their first paycheck before the first childcare payment is due. FMC also assists the client with budgeting for childcare to ensure the client is prepared to cover payments. The Headstart Program is a state funded organization, so is respectful of ethnic and cultural differences in the serviced population. If a client wishes to choose a private childcare provider, FMC will assist the client in locating a licensed provider and with transportation to and from daycare if the client does not have access to a car or public transportation.

**Clothing** – FMC maintains a large “store” in the basement of our facility full of donated new and gently used clothes for mothers and children. Clients are outfitted with supplies they need immediately, and have the opportunity to earn ‘baby bucks’ to spend in the store by taking classes and achieving goals. We typically only have to purchase undergarments for clients.

**Domestic Abuse Protection** – FMC provides transportation to and from court cases associated with domestic abuse/violence, applying for orders of protection, and counseling/emotional support groups at the local women’s center and/or CardV facility.

**Drug and Alcohol Testing and Treatment** – Clients with a drug history or who are displaying behaviors consistent with drug/alcohol abuse are given random urine, 10-panel tests. Clients who test positive are required to be assessed by a local rehabilitation clinic such as the McCambridge Center (Columbia). If treatment is recommended, clients will be provided with transportation to outpatient groups. Clients who enter inpatient care will be able to rejoin the FMC program upon completion of their treatment. Clients with a history of drug/alcohol abuse are provided a list of local AA/NA meetings and are provided with transportation to meetings to help encourage their sobriety.

**Educational Services** – FMC pays for and provides transportation to GED classes for any clients who do not have a diploma. Clients who wish to pursue higher education or vocational training are assisted with applying for financial aid, and are able to take online courses using computers available at our office. Transportation is provided for any classes in town (Fulton).

**Food** – All clients are assisted with applying for WIC and SNAP and are provided transportation to pick up any WIC checks and for all WIC health appointments.

**Housing** – FMC provides housing in our facility for 5 women and their child(ren). Clients who need short-term emergency housing are put up in a licensed shelter or local hotel (if shelter is not available). Clients who already have a safe place to live but are facing eviction due to failure to pay rent can receive up to \$500 to cover back-owed rent made payable directly to the landlord.

**Utilities** – Clients who are having utilities shut off due to failure to pay can receive up to \$500 to cover back-owed bills made payable directly to the provider. Clients must provide notice of shut off or bill showing unpaid balance.

**Job Training And Placement** – Clients who are unemployed are assisted with creating a resume, picking up and returning applications. Clients are also referred to government services listed in 2.7.1n to facility job training and placement. Clients may also be referred to the Callaway Keys organization, which helps provide resume assistance, job interview practice, and proper interview attire. All services they provide are free and led by volunteers from a variety of jobs and backgrounds in the community.

**Supplies** – FMC keeps a large “store” in the basement of the facility that includes a wide variety of donated baby, maternity, and nursing/formula feeding supplies. Clients can “purchase” these goods with points earned by taking classes and meeting their personal goals in the FMC program. Clients who have an emergency need, such as a safe sleep space for a newborn, will be given a pack n’ play or crib. If FMC does not have any available, we transport the client to Birthright in Jefferson City where they can receive a voucher for a free pack n’ play. If Birthright does not have any vouchers left, FMC will purchase a new pack n’ play for the client.

**Transportation** – FMC has two staff operated vehicles that provide free transportation to doctor’s appointments, work, school, and any other locations identified in the IPCP. In the event of a schedule conflict between several clients, Medicaid transport will be scheduled for medical visits, or the public bus provided by SERVE will be contracted to transport the client. SERVE is a non-profit, grant funded organization that provides affordable transportation to the underprivileged in Callaway county.

**Ultrasound Services** – Ultrasound services are treated in the same was as “prenatal care” and “medical care” by FMC. FMC does not provide these services in house, but will transport a client to a service location of her choice within 30 miles if identified as necessary by the IPCP or a medical doctor.

**Other Services** – Since FMC provides free transportation, housing, and material/financial assistance services, other services are rarely required. If further services are identified on the IPCP, FMC will only request the A2A program to be the payer as a last resort.

8. For each geographic region proposed, describe how your proposed program will provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives.

FMC provides assistance to needy families to encourage families remaining intact in two ways. First, the residential facility has a room specifically set up for expectant mothers with older children. This allows mothers to choose life for their unborn child, while keeping their other children with them in the residential facility. While utilizing the mother-children room, the mother will also be able to take parenting classes that focus on the developmental stages and needs of her older children. This allows her to not only be prepared for the birth of her next child, but also to learn how to safely and compassionately care for her older children, which will increase the chances of the family being able to remain together once they have graduated from the residential program. These same classes are also available to non-resident clients.

Second, a mother/family who has lost custody of their child(ren) is able to work towards re-unification through the parenting classes we offer. Women in our residential program are also able to have supervised or unsupervised (which ever the DFS case manager requires) visits in our facility, which not only allows them to work toward re-unification, but also gives us the ability to observe the areas where parenting skills may be lacking so they can be addressed and improved. This increases the possibility that the parent will be able to reclaim and maintain custody of the child(ren).

Fathers who have a desire to be involved are encouraged to participate in the above mentioned programs.

9. For each geographic region proposed, describe how your proposed program will help to end the dependence of needy parents on government benefits by promoting job preparation, work, and marriage.

FMC promotes job preparation, work, and marriage in the following ways:

**Job Preparation:** Clients who are unemployed are given assistance creating resumes, locating job openings that are good matches for their abilities, and transportation to pick up applications and interviews. Clients who have not completed a their GED are enrolled in a program so that they can have a better chance of finding employment that pays a living wage in the future.

**Work:** FMC aims to teach all residents a strong work ethic so that clients can maintain employment once they find a job. All residents are responsible for a limited number of daily chores at the facility, which helps to teach the importance of doing your part so that everyone can benefit as well as the importance of doing a job to the best of your ability, no matter how small it seems. These chores, such as cooking a meal or washing dishes, also help teach life skills that can be translated into usable skills in the work force. FMC also provides transportation to jobs within a 10 mile radius of our facility or assistance locating reliable public transportation.

**Marriage:** FMC strongly encourages paternal involvement in all prenatal/parenting classes and doctor's visits. Fathers who participate in the program along with the mother are able to earn "baby bucks" to purchase supplies for the new baby from our store of donated supplies. This incentivizes the father's involvement, and also allows him to feel that he is providing for his family, which we believe encourages the parents relationship to continue even though they are separated with the mother in residential care. Our parenting and sexual integrity curriculum are marriage focused, showing the parent couple that children benefit greatly from a stable and married parenting couple.

10. For each geographic region proposed, describe how your proposed program will reduce the incidence of future out-of-wedlock pregnancies. Include your program's annual numerical goals for preventing and reducing the incidence of these pregnancies.

Both our residential and non-residential programs are abstinence based, and utilize a sexual integrity curriculum ("The Blue Print for Sexual Integrity" by Heartbeat International) that promotes the benefits of abstinence including more stable relationships, avoidance of STDs, and avoidance of unintended pregnancy. The curriculum, our staff, and our contracted counselor all aim to teach the women in our program that healthy dating relationships are not built around sex.

It is our goal that 80% of our clients complete the sexual integrity program to promote abstinence and reduce out of wed-lock pregnancies. While not all of our former clients keep in contact, we believe that about 25% of our clients from 2013-2015 experienced a second, out of wed-lock pregnancy after graduating from our program. It is our goal, through new curriculum, increased support staff, and a larger after care program, to reduce that number to 15% for 2016-2018.

11. For each geographic region proposed, describe how your proposed program will encourage the formation and maintenance of two-parent families.

FMC promotes and incentivizes paternal involvement in all prenatal/parenting classes and prenatal/infant related appointments for healthy (non-abusive) relationships. A father who is involved during the pregnancy is much more likely to feel a connection with the newborn baby and have a desire to actively parent. Our program also features two type of parenting curriculum: "Making Parenting A Pleasure" and "One Heart Two Homes". The former focuses on establishing and promoting a stable, marriage relationship for raising a child. The latter focuses on learning to put differences aside and co-parent when marriage or a long-term relationship is not an option or desired by the parents. Both curriculum promote active, two-parent families

12. **Organizational Chart** - The vendor should provide an organizational chart showing the staffing and lines of authority for the key personnel to be used. The organizational chart should include (1) The relationship of service personnel to management and support personnel, (2) The names of the personnel and the working titles of each, and (3) Any proposed subcontractors including management, supervisory, and other key personnel.

- The organizational chart should outline the team proposed for this project and the relationship of those team members to each other and to the management structure of the vendor's organization.

**Board of Directors**

Amber Way (President), Laura Griggs (treasurer), Leasa Weghorst (Secretary), Theresa Bounds, John Finley, Kitty Cunningham.

**Oversees:**

**Program Director**

Anna Dudley. Oversees all aspects of the program and ensures compliance with vision and Board instruction.

**Directly Oversees Two Staff Positions:**

**Assistant Client Services Director**

Michelle Craighead. Responsible for non-resident program.

**Home Manager**

Sandra Hardy. Responsible for the day-to-day maintenance of the residential facility.

**Oversees:**

**Home Supervisors**

Rotating staff of 3-4 individuals that assist the home manager with client transportation and other needs. Ensure the residential facility is staffed 24/7.

13. Along with a detailed organizational chart, the vendor should describe the following:

- How services of the contract will be managed, controlled, and supervised in order to ensure satisfactory contract performance.

The Program Director will report directly to the Board of Directors each month with client statistics, services requested, and issues. The Program Director will also directly supervise the residential facility

and all staff inside of the residential facility to ensure that the program is operating to A2A standards. The non-residential case manager will assist with non-resident supply and educational needs in compliance with each IPCP in order to ensure that FMC can service a larger number of clients (5 residents, 15-20 non-residents maximum monthly).

- Total Personnel Resources - The vendor should provide information that documents the depth of resources to ensure completion of all requirements on time and on target. If the vendor has other ongoing contracts that also require personnel resources, the vendor should document how sufficient resources will be provided to the State of Missouri.

FMC does not have any other on going contracts outside of the 2015-2016 A2A contract. FMC employs 6-8 paid and trained employees at a time, along with utilizing volunteers on an "as needed" basis. This allows us to serve 5 residents and their children along with 15-20 non-resident clients, maximum, each month.

14. Economic Impact to Missouri - The vendor should describe the economic advantages that will be realized as a result of the vendor performing the required services. The vendor should respond to the following:

- Provide a description of the proposed services that will be performed and/or the proposed products that will be provided by Missourians and/or Missouri products.

All employees of Faith Maternity Care are Missouri residents. The majority of the physical resources and materials are provided via donations, but FMC always attempts to purchase needed goods from local businesses before ordering from out of state.

- Provide a description of the economic impact returned to the State of Missouri through tax revenue obligations.

FMC employees between 6 and 8 individuals at one time. The majority of these individuals are mothers with young children, providing a source of income for these families and reducing their dependence on government services, while generating income tax revenue for the state.

- Provide a description of the company's economic presence within the State of Missouri (e.g., type of facilities: sales offices; sales outlets; divisions; manufacturing; warehouse; other), including Missouri employee statistics.

FMC is a non-profit organization that does not sell any products or merchandise. Our economic presence in Missouri is limited to employment provided (6-8 employees).

**Item Inserted by Addendum #1**

15. For each geographic region proposed, the vendor should indicate the estimated number of clients the vendor anticipates serving annually for non-residential services and residential care services.

GEOGRAPHIC REGION	ESTIMATED ANNUAL	ESTIMATED ANNUAL NUMBER
-------------------	------------------	-------------------------

<b>GEOGRAPHIC REGION</b>	<b>ESTIMATED ANNUAL NUMBER OF NON-RESIDENTIAL CLIENTS TO BE SERVED</b>	<b>ESTIMATED ANNUAL NUMBER OF RESIDENTIAL CLIENTS TO BE SERVED</b>
1		
2		
3		
4	120	17
5		
6		
7		
8		
9		

The estimated residential numbers were reached by looking at FMC client trends over the last 3 years. The non-residential client numbers were reached by looking at both the FMC client trends over the last 3 years (average of 50 NR clients per year) and taking into account the almost 400% client (not all A2A eligible) increase since opening our second, non-resident office in July 2016.

## EXHIBIT H

### CLIENT SCENARIO

The vendor should present a written narrative which demonstrates the method or manner in which the vendor proposes to satisfy the requirements of the Request for Proposal to conduct Alternatives to Abortion Program services for the client scenario described below. The vendor should provide a total price with a price analysis for the client services identified in the narrative.

\*\*\*\*\*

Jessica Smith has recently graduated from high school. She wants to pursue a career as a high school English teacher. She has applied and been accepted as an incoming freshman at a local college.

Jessica has just learned that she is six weeks pregnant. She does not currently have a job, and her boyfriend, also a recent high school graduate, is also unemployed. They are both 18 years of age and had planned to get an apartment together. Neither one of them has monetary support from their families.

Jessica currently lives 15 miles from the contractor's service location, but does not have a vehicle. If she continues with her higher education plans at the local college, she will be 30 miles away from the local college. She has contacted your organization and is unsure of her decision to parent or adopt.

#### Narrative:

Program Director (PD) would discuss Jessica's intent to carry the pregnancy to term. PD would assess her current immediate needs (i.e., Medicaid, SNAP, WIC, housing, etc.) and available supports. PD would discuss options for non-residential services with case management and support in meeting immediate needs; as well as residential services available. PD would explain to her that both programs offer parenting and adoption education and support for the option best suited for her. PD would explain the extent of both non-residential and residential services, highlighting the additional support for her and the child's father in residential services. Residential services would provide immediate, safe housing for the mother, transportation to and from prenatal appointments, and would most likely be the best option for Jessica since she does not currently have family support, an income, or a vehicle. However, if Jessica should choose to access services as a non-resident, Faith Maternity would be able to help meet her additional immediate needs with rent and utility assistance, assistance accessing public transportation for appointments, and any maternity clothes (such as clothes) that the client is lacking.

Regardless if Jessica enrolls in the program as a non-resident or as a resident, PD will recommend that her boyfriend attend all prenatal/parenting/adoption classes with her in order to encourage paternal involvement both through the pregnancy and after the birth. Both parents will also receive assistance in locating job openings, applying for positions, and locating reliable transportation. PD would help Jessica problem solve school enrollment and class attendance by encouraging her to consider being an online student; highlighting the benefits of working at your own pace while pregnant. Should Jessica decide to pursue adoption, she and her boyfriend would be connected with an adoption agency, and parenting classes would be replaced with adoption classes provided by the adoption organization.

PD would complete A2A assessment and intake for appropriate program before initiating above mentioned services

for either the residential or non-residential program to ensure client qualifies for services and grant compliance. PD would also require Jessica to provide written confirmation that she is not receiving A2A services from another contractor (per paragraph 2.2.3 requirements).

**Cost Analysis:**

Since this scenario offers two possibilities (Jessica enrolling as a resident or as a non-resident), two cost analyses are provided.

**Residential Scenario:**

While clients are able to remain as residents up to one year post-partum, it is our estimate that a scenario like Jessica would see the client graduate from the residential program after 4 months of residency.

<b>SERVICE</b>	<b>COST</b>	<b>QUANTITY</b>	<b>TOTAL</b>
Residential Care (includes housing, food, transportation, case management, education)	\$100/day	120 days	\$12,000.00
After Care Program	\$35/hr	5 hrs a month for 3 months	\$525.00
Baby/Maternity Supplies	\$0 (provided through community donations)	N/A	\$0.00

**TOTAL: \$12,525**

**Non-Residential Scenario:**

We would estimate that Jessica would be eligible/require weekly non-residential services for 6 months.

<b>SERVICE</b>	<b>COST</b>	<b>QUANTITY</b>	<b>TOTAL</b>
Rent/Utility Assistance	\$500.00	1	\$500.00
Case Management (including job placement assistance for both parents, assistance accessing higher education goals)	\$35/hr	8 hrs a month for 6 months	\$1,680.00
Baby/Maternity Supplies	\$0 (provided through community donations)	N/A	\$0.00
Prenatal/Parenting Education	\$35/hr	4 hrs a month for 6 months	\$840.00
After Care Program	\$35/hr	2 hrs a month for 3 months	\$210.00

**TOTAL: \$3,230**

**Kleffner, Julie**

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**From:** Kleffner, Julie  
**Sent:** Tuesday, October 18, 2016 10:31 AM  
**To:** 'Laura Griggs'  
**Subject:** RE: A2A BAFO 2 - time dated response

The letter erroneously contained the following paragraph:

*Another attachment is the BAFO #002 Request List which supersedes the BAFO Request List issued with BAFO #001. The BAFO #002 Request List includes a list of areas identified in your proposal as concerns, areas requiring clarifications, and areas of deficiency, which may not comply with the requirements of the RFP.*

Please address the BAFO #001 Request List.

I apologize for any confusion.

Julie Kleffner, CPPB  
Division of Purchasing  
Harry S Truman Bldg, Room 630  
Post Office Box 809  
Jefferson City MO 65102-0809  
Phone: 573-751-7656  
Fax: 573-526-9816

---

**From:** Kleffner, Julie  
**Sent:** Tuesday, October 18, 2016 9:29 AM  
**To:** 'Laura Griggs'  
**Subject:** A2A BAFO 2 - time dated response

Attached is a request for a Best and Final Offer (BAFO) request for RFPS30034901700042 for Alternatives to Abortion Program Services.

This email includes two attachments.

**Please notify me by return email** confirming that you received this email and that you were able to open the attachments.

**Note:** Your Best and Final Offer Response is requested by October 25, 2016.

Julie Kleffner, CPPB  
Division of Purchasing  
Harry S Truman Bldg, Room 630  
Post Office Box 809  
Jefferson City MO 65102-0809  
Phone: 573-751-7656  
Fax: 573-526-9816

---

**From:** Kleffner, Julie  
**Sent:** Tuesday, September 27, 2016 1:20 PM  
**To:** 'Laura Griggs'  
**Subject:** A2A BAFO - time dated response  
**Importance:** High

Attached is a request for a Best and Final Offer (BAFO) request for RFPS30034901700042 for Alternatives to Abortion Program Services.

This email includes two attachments.

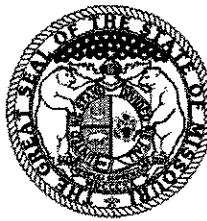
**Please notify me by return email** confirming that you received this email and that you were able to open the attachments.

**Note:** Your Best and Final Offer Response is requested by October 4, 2016.

*Please note I am out of the office the afternoon of September 28 until the afternoon of October 3.*

Julie Kleffner, CPPB  
Division of Purchasing  
Harry S Truman Bldg, Room 630  
Post Office Box 809  
Jefferson City MO 65102-0809  
Phone: 573-751-7656  
Fax: 573-526-9816

**Jeremiah W. (Jay) Nixon**  
Governor



**Doug Nelson**  
Commissioner

State of Missouri  
**OFFICE OF ADMINISTRATION**  
Division of Purchasing  
301 West High Street, Room 630  
Post Office Box 809  
Jefferson City, Missouri 65102-0809  
(573) 751-2387 Fax: (573) 526-9816  
TTD: (800) 735-2966 Voice: (800) 735-2466  
<http://oa.mo.gov/purchasing>

**Karen S. Boeger**  
Director

October 18, 2016

**Laura Griggs**  
Faith Maternity  
Post Office Box 6232  
Fulton MO 65281

*Via e-mail: [treasurer@faithmaternity.com](mailto:treasurer@faithmaternity.com)*

Dear Ms. Griggs:

Best and Final Offer (BAFO) #001 request for Alternatives to Abortion Program Services was issued on September 27, 2016. On September 29, 2016, an e-mail was issued by Jason Kolks advising Faith Maternity the BAFO #001 request for RFPS30034901700042 was indefinitely extended. However, this letter shall constitute a second official request by the State of Missouri to enter into competitive negotiations with your company. The BAFO #001 response is due by the date specified herein for BAFO #002.

Attached hereto is a new complete copy of the RFP that includes changes to the RFP as a result of the BAFO #001 request as well as additional changes to the RFP as a result of BAFO #002 request.

The RFP includes Best and Final Offer #002 (BAFO #002) as the cover page. Be sure to have an authorized representative of your organization complete and sign the BAFO #001 and BAFO #002 cover pages and return with your BAFO response.

Another attachment is the Best and Final Offer (BAFO) Request List which includes a request for specific responses to identified RFP paragraphs and supersedes the BAFO Request List issued with BAFO #001.

In your response to BAFO #002, you may make any modification, addition, or deletion deemed necessary to your proposal. However, it is not necessary for you to resubmit your entire proposal. Only the signed BAFO #002 Forms and any portions of your proposal that are being revised as a result of this request for a Best and Final Offer need to be submitted.

Furthermore, please understand that your response to this BAFO request is your final opportunity to ensure that (1) all mandatory requirements of the RFP have been met, (2) all RFP requirements are adequately described since all areas of the proposal are subject to evaluation, and (3) this is your best offer, including a reduction or other change to pricing. Also, ensure your response to this BAFO request addresses the latest version of each paragraph/exhibit of the RFP.

Laura Griggs  
October 18, 2016  
Page 2 of 2

You are requested to respond to this BAFO request by submitting a written, sealed "Best and Final Offer" BY 5:00 PM CENTRAL TIME ON October 25, 2016 to:

Attention: Julie Kleffner  
Division of Purchasing  
301 West High Street, Truman Building, Room 630  
Jefferson City, MO 65101

The outside of the packet containing the BAFO response needs to state, "BAFO for RFPS30034901700042" on the lower left corner. Please include the original plus three (3) copies (for a total of four (4) documents) of your response. Faxed or e-mailed responses are not acceptable.

You are reminded that pursuant to section 610.021, RSMo, proposal documents including any best and final offer documents are considered closed records and shall not be divulged in any manner until after a contract is executed or all proposals are rejected. Furthermore, you and your agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all questions or comments regarding the RFP, the evaluation, etc. to me, as the buyer of record. Neither you nor your agents may contact any other state employee regarding any of these matters during the negotiation and evaluation process. Inappropriate contacts or release of information about your proposal or BAFO are grounds for suspension and/or exclusion from specific procurements.

If you have any questions regarding this BAFO request, please contact me at (573) 751-7656 or e-mail me at Julie.Kleffner@oa.mo.gov.

Sincerely,

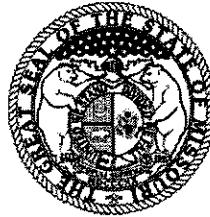


Julie Kleffner

c: Evaluation Team  
RFPS30034901700042

Attachment: RFP including BAFO form

**Jeremiah W. (Jay) Nixon**  
Governor



**Doug Nelson**  
Commissioner

State of Missouri  
**OFFICE OF ADMINISTRATION**  
Division of Purchasing  
301 West High Street, Room 630  
Post Office Box 809  
Jefferson City, Missouri 65102-0809  
(573) 751-2387 Fax: (573) 526-9816  
TTD: (800) 735-2966 Voice: (800) 735-2466  
<http://oa.mo.gov/purchasing>

**Karen S. Boeger**  
Director

September 27, 2016

Laura Griggs  
Faith Maternity  
Post Office Box 6232  
Fulton MO 65281

*Via e-mail: treasurer@faithmaternity.com*

Dear Ms. Griggs:

In accordance with paragraph 3.2 of RFPS30034901700042 for Alternative to Abortion Program Services, this letter shall constitute an official request by the State of Missouri to enter into competitive negotiations with Faith Maternity. Included with this letter are two attachments.

One attachment is a complete copy of the RFP, including revisions to the RFP. The cover page of the attached RFP is the Best and Final Offer #001 form. This BAFO #001 form must be completed, signed by an authorized representative of your organization, and returned with your BAFO response. Signing the BAFO #001 form confirms your understanding and agreement to comply with the provisions and requirements of the RFP as modified by any previously issued RFP amendments by this request for a BAFO.

Another attachment is the Best and Final Offer (BAFO) Request List which includes a request for specific responses to identified RFP paragraphs.

In your response to this Best and Final Offer, you may make any modification, addition, or deletion deemed necessary to your proposal. However, please be advised that it is not necessary for you to resubmit your entire proposal. Only the signed BAFO #001 form, your response to the BAFO Request List, and any portions of your proposal that are being revised as a result of this request for a Best and Final Offer need be submitted. Your BAFO response is your final opportunity to ensure that (1) all mandatory requirements of the RFP have been met, (2) all RFP requirements are adequately described since all areas of the proposal are subject to evaluation, and (3) this is your best offer, including a reduction or other change to pricing.

You are requested to respond to this request for a BAFO by submitting a written, sealed "Best and Final Offer" by 5:00 p.m. Central Time on October 4, 2016 to:

Attention: Julie Kleffner  
Division of Purchasing  
301 West High Street, Truman Building, Room 630  
Jefferson City, MO 65101-1517

Melinda Ohlemiller

September 27, 2016

Page 2 of 2

The outside of the packet containing the BAFO response needs to state, "BAFO for RFPS30034901700042" on the lower left corner. Please include the **original plus five (5) copies (for a total of six (6) documents)** of your response. In addition, the offeror should provide one (1) copy of the response in a Microsoft compatible format on a CD(s) or flash drive. Faxed or e-mailed responses are not acceptable.

You are reminded that pursuant to section 610.021, RSMo, proposal documents including any best and final offer documents are considered closed records and shall not be divulged in any manner until after a contract is executed or all proposals are rejected. Furthermore, you and your agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all questions or comments regarding the RFP, the evaluation, etc. to me, as the buyer of record. Neither you nor your agents may contact any other state employee regarding any of these matters during the negotiation and evaluation process. Inappropriate contacts or release of information about your proposal or BAFO are grounds for suspension and/or exclusion from specific procurements.

If you have any questions regarding this BAFO request, please contact me at (573) 751-7656 or e-mail me at [julie.kleffner@oa.mo.gov](mailto:julie.kleffner@oa.mo.gov). Your efforts in working with the State of Missouri to ensure a thorough evaluation of your proposal are sincerely appreciated.

Sincerely,



Julie Kleffner

c: Evaluation Team  
RFPS30034901700042

Attachments: Best and Final Offer Request List  
RFP including BAFO #001 form

**FAITH MATERNITY**

**BEST AND FINAL OFFER (BAFO) REQUEST LIST**

**BAFO NO. 001 FOR RFP RFPS30034901700042**

1. **VENDOR RESPONSE TO CHANGED REQUIREMENTS:** Requirements of the RFP have been revised by BAFO #001. By signing the cover page of the BAFO request, the vendor indicates acceptance and compliance with all revisions therein.
  - 1.1 Specifically, paragraph 2.10.8 inserted personnel requirements. With the BAFO response, Faith Maternity is requested to indicate understanding and agreement with the inserted requirements.

**Kleffner, Julie**

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**From:** Laura Griggs <treasurer@faithmaternity.com>  
**Sent:** Tuesday, August 30, 2016 2:20 PM  
**To:** Kleffner, Julie  
**Subject:** Re: RFPS30034901700042/Alternative to Abortion Program duplicate electronic responses

Julie -

I understand what I did now. The documents are actually identical, I wasn't sure where to load them, so I attached them to both pages on the online bid. If you use those under the "solicitation" heading it's a complete set of all the required exhibits and information in order.

Thank you and please let me know if you have anymore questions,  
Laura

---

**From:** Kleffner, Julie <[Julie.Kleffner@oa.mo.gov](mailto:Julie.Kleffner@oa.mo.gov)>  
**Sent:** Tuesday, August 30, 2016 1:28:45 PM  
**To:** Laura Griggs  
**Subject:** RE: RFPS30034901700042/Alternative to Abortion Program duplicate electronic responses

I show there are "solicitation level" attachments, "line item" attachments, and "response level" attachments.

Please advise.

---

**From:** Laura Griggs [<mailto:treasurer@faithmaternity.com>]  
**Sent:** Tuesday, August 30, 2016 12:52 PM  
**To:** Kleffner, Julie  
**Subject:** Re: RFPS30034901700042/Alternative to Abortion Program duplicate electronic responses

I did separate the exhibits into separate attachments. There is a cover page, a pricing page, and exhibits A-M as separate attachments. Maybe that's why it looks like 3 because of all the separate attachments? My computer couldn't handle the size of the original RFP document so I had to break it up to complete all the required pieces without everything crashing when I tried to load the document.

Laura

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**From:** Kleffner, Julie <[Julie.Kleffner@oa.mo.gov](mailto:Julie.Kleffner@oa.mo.gov)>  
**Sent:** Monday, August 29, 2016 1:27:28 PM  
**To:** Laura Griggs  
**Subject:** RFPS30034901700042/Alternative to Abortion Program duplicate electronic responses

Thank you for the proposal submitted in response to RFPS30034901700042 for the Alternatives to Abortion Program for the Office of Administration. It appears as if we have received three electronic responses from Faith Maternity Care.

Please advise if the State of Missouri should consider this as one response or three separate responses. If we are to consider this as one response, please advise if there are any discrepancies between the documents attached to the MissouriBUYS submission.

Your prompt attention to this would be greatly appreciated.

Thank you.

Julie Kleffner, CPPB  
Division of Purchasing  
Harry S Truman Bldg, Room 630  
Post Office Box 809  
Jefferson City MO 65102-0809  
Phone: 573-751-7656  
Fax: 573-526-9816



**STATE OF MISSOURI  
OFFICE OF ADMINISTRATION  
DIVISION OF PURCHASING (PURCHASING)  
REQUEST FOR PROPOSAL (RFP)**

**ADDENDUM NO.: 2**

**SOLICITATION/OPPORTUNITY (OPP) NO.: RFP30034901700042**

**TITLE: Alternatives to Abortion Program Services**

**ISSUE DATE: 08/25/16**

**REQ NO.: NR 300 300700001**

**BUYER: Julie.kleffner@oa.mo.gov**

**PHONE NO.: (573) 751-7656**

**E-MAIL: Julie.Kleffner@oa.mo.gov**

**RETURN PROPOSAL NO LATER THAN: August 26, 2016 AT 2:00 PM CENTRAL TIME (END DATE)**

**VENDORS ARE ENCOURAGED TO RESPOND ELECTRONICALLY THROUGH [HTTPS://MISSOURIBUYS.MO.GOV](https://MISSOURIBUYS.MO.GOV) BUT MAY RESPOND BY HARD COPY (See Mailing Instructions Below)**

**MAILING INSTRUCTIONS:** Print or type Solicitation/OPP Number and End Date on the lower left hand corner of the envelope or package. Delivered sealed proposals must be in the Purchasing office (301 W High Street, Room 630) by the return date and time.

**RETURN PROPOSAL AND ADDENDUM(S) TO:**

(U.S. Mail)

PURCHASING

PO BOX 809

JEFFERSON CITY MO 65102-0809

(Courier Service)

PURCHASING

301 WEST HIGH STREET, ROOM 630

JEFFERSON CITY MO 65101-1517

**CONTRACT PERIOD: Effective Date of Contract Through May 31, 2017**

**DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:**

Office of Administration  
Commissioner's Office of Administration  
State Capitol Building, Room 125  
Jefferson City MO 65101

The vendor hereby declares understanding, agreement and certification of compliance to provide the items and/or services, at the prices quoted, in accordance with all terms and conditions, requirements, and specifications of the original RFP as modified by this and any previously issued RFP addendums. The vendor should, as a matter of clarity and assurance, also sign and return all previously issued RFP addendum(s) and the original RFP document. The vendor agrees that the language of the original RFP as modified by this and any previously issued RFP addendums shall govern in the event of a conflict with his/her proposal. The vendor further agrees that upon receipt of an authorized purchase order from the Division of Purchasing or when a Notice of Award is signed and issued by an authorized official of the State of Missouri, a binding contract shall exist between the vendor and the State of Missouri. The vendor shall understand and agree that in order for their proposal to be considered for evaluation, they must be registered in MissouriBUYS. If not registered at time of proposal opening, the vendor must register in MissouriBUYS upon request by the state immediately after proposal opening.

**SIGNATURE REQUIRED**

VENDOR NAME	MISSOURIBUYS SYSTEM ID (SIC VENDOR PROFILE - MAIN INFORMATION SCREEN)
Kingdom Ministries DBA Faith Maternity	9958 99548
MAILING ADDRESS	
Po Box 6232	

<i>Fulton, MO 65261</i>					
CONTACT PERSON <i>Laura Briggs</i>	EMAIL ADDRESS <i>treasurer@faithmaternity.com</i>				
PHONE NUMBER <i>573-642-7414</i>	FAX NUMBER <i>573-642-8189</i>				
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE)					
Corporate	Individual	State/Local Government	Partnership	Sole Proprietor <input checked="" type="checkbox"/>	IRS Tax-Exempt <input type="checkbox"/>
AUTHORIZED SIGNATURE <i>Laura Briggs</i>		DATE <i>8-26-16</i>			
PRINTED NAME <i>Laura Briggs</i>	TITLE <i>Treasurer</i>				

**ADDENDUM #2 to RFPS30034901700042****TITLE:** Alternatives to Abortion Program Services**CONTRACT PERIOD:** Effective Date of Contract Through May 31, 2017**PLEASE BE ADVISED OF THE FOLLOWING CHANGES AND CLARIFICATIONS:**

1. For vendors responding electronically to this solicitation, the additional item fields for Line item 8 for Geographic Region 8 in MissouriBUYS has been updated to match the format of the other line items in MissouriBUYS. The pricing page in the RFP document has not changed.

Vendors may review the revision(s) to the MissouriBUYS electronic solicitation and the addendum document(s) at <https://MissouriBUYS.mo.gov>.

Please follow these steps to conduct a comparison review of the electronic solicitation revision(s):

1. Log into MissouriBUYS.
2. Select the **Solicitations** tab.
3. Select **View Current Solicitations**.
4. Select **My List** (if you have previously reviewed/responded to this solicitation); Select **Other Active Opportunities** (if you have not previously reviewed/responded to this solicitation).
5. Select the correct **Opportunity Number (Opportunity No)**; the **Overview** page will display.
6. From the **Overview** page, under **Solicitation History** information, select **Previous Version** from the dropdown box.
7. Choose the solicitation version you desire to compare to the addendum.
8. Click **Show Version Comparison** (revisions will be in yellow highlight). Click **Close** to return to the **Overview** page.

Note: The electronic solicitation revision may not include all of the revisions included in the addendum document(s); therefore, the vendor is advised to download, review, and accept the addendum document(s).

Please follow these steps to accept the addendum document(s):



**STATE OF MISSOURI  
OFFICE OF ADMINISTRATION  
DIVISION OF PURCHASING (PURCHASING)  
REQUEST FOR PROPOSAL (RFP)**

**ADDENDUM NO.: 1  
SOLICITATION OPPORTUNITY (OPP) NO.: RFP30034901700042  
TITLE: Alternatives to Abortion Program Services  
ISSUE DATE: 08/11/16**

**REQ NO.: NR 300 300700001  
BUYER: Juliekleffner@oa.mo.gov  
PHONE NO.: (573) 751-7656  
E-MAIL: Julie.kleffner@oa.mo.gov**

**RETURN PROPOSAL NO LATER THAN: August 26, 2016 AT 2:00 PM CENTRAL TIME (END DATE)**

**VENDORS ARE ENCOURAGED TO RESPOND ELECTRONICALLY THROUGH  
[HTTPS://MISSOURIBUY5.MO.GOV](https://MISSOURIBUY5.MO.GOV) BUT MAY RESPOND BY HARD COPY (See Mailing Instructions Below)**

**MAILING INSTRUCTIONS:** Print or type Solicitation/OPP Number and End Date on the lower left hand corner of the envelope or package. Delivered sealed proposals must be in the Purchasing office (301 W High Street, Room 630) by the return date and time.

**RETURN PROPOSAL AND ADDENDUM(S) TO:**

**(U.S. Mail)**

**PURCHASING  
PO BOX 809  
JEFFERSON CITY MO 65102-0809**

**(Courier Service)**

**PURCHASING  
301 WEST HIGH STREET, ROOM 630  
JEFFERSON CITY MO 65101-1517**

**CONTRACT PERIOD: Effective Date of Contract Through May 31, 2017**

**DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:**

**Office of Administration  
Commissioner's Office of Administration  
State Capitol Building, Room 125  
Jefferson City MO 65101**

The vendor hereby declares understanding, agreement and certification of compliance to provide the items and/or services, at the prices quoted, in accordance with all terms and conditions, requirements, and specifications of the original RFP as modified by this and any previously issued RFP addendum. The vendor should, as a matter of clarity and assurance, also sign and return all previously issued RFP addendum(s) and the original RFP document. The vendor agrees that the language of the original RFP as modified by this and any previously issued RFP addendum(s) shall govern in the event of a conflict with his/her proposal. The vendor further agrees that upon receipt of an authorized purchase order from the Division of Purchasing or when a Notice of Award is signed and issued by an authorized official of the State of Missouri, a binding contract shall exist between the vendor and the State of Missouri. The vendor shall understand and agree that in order for their proposal to be considered for evaluation, they must be registered in MissouriBUY5. If not registered at time of proposal opening, the vendor must register in MissouriBUY5 upon request by the state immediately after proposal opening.

**SIGNATURE REQUIRED**

VENDOR NAME	MISSOURI'S SYSTEM TO ENTER VENDOR PROFILE - MAIN INFORMATION SCREEN
Kingdom Ministries DBA Faith Ministry Care	99548
MAILING ADDRESS	
PO Box 6032	
CITY, STATE, ZIP CODE	
Fulton, MO 65251	

CONTACT PERSON <i>Laura Griggs</i>	EMAIL ADDRESS <i>treasurer@faithmaternity.com</i>				
PHONE NUMBER <i>573-642-7414</i>	FAX NUMBER <i>573-642-8184</i>				
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE)					
Corporation	Individual	State/Local Government	Partnership	Sole Proprietor <input checked="" type="checkbox"/>	IRS Tax Exempt <input type="checkbox"/>
AUTHORIZED SIGNATURE <i>Laura Griggs</i>		DATE <i>8-25-16</i>			
PRINTED NAME <i>Laura Griggs</i>	TITLE <i>Treasurer</i>				

**ADDENDUM #1 to RFPS30034901700042****TITLE:** Alternatives to Abortion Program Services**CONTRACT PERIOD:** Effective Date of Contract Through May 31, 2017**PLEASE BE ADVISED OF THE FOLLOWING CHANGES AND CLARIFICATIONS:**

1. The preproposal conference attendance record has been added to MissouriBUYS and can be found under the Addendum Documents.
2. The return proposal date year has been correct on the first page of the RFP.
3. The following paragraphs, exhibit, and attachment contain changes:
  - 2.1.5.1.
  - 2.3.2.f.1) and 2)
  - 2.3.2.f.2) 3rd bullet point
  - 2.11.4.a.-d.
  - 2.12.3.c.1)
  - 3.3.2.h. and subparagraph 1)
  - 3.3.2.i.
  - 3.4.1.a. and subparagraphs 1) and 2), including the bullet points
  - 3.4.1.b.

Pricing Pages  
Exhibit F  
Attachment 6

The changes are indicated in *italics*, unless the change is a deletion of words.

For vendors responding electronically to this solicitation, the additional detail for all line items has been modified in the MissouriBUYS system.

Vendors may review the revision(s) to the MissouriBUYS electronic solicitation and the addendum document(s) at <https://MissouriBUYS.mo.gov>.

**EXHIBIT A****CERTIFICATION REGARDING COMPLIANCE WITH SECTION 188.325, RSMO**

*Regarding performing, inducing, or assisting in the performing or inducing of or referring for abortions*

The vendor certifies, by submission of the proposal and by signing below, that the vendor is not an organization, or an affiliate of organizations, that "perform or induce, assist in the performing or inducing of or refer for abortions".

Laura Griggs, treasurer  
Name and Title of Authorized Representative

  
Signature

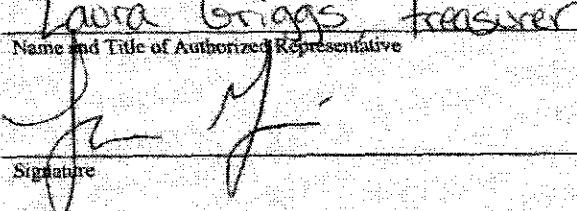
8-4-16  
Date

**EXHIBIT A****CERTIFICATION REGARDING COMPLIANCE WITH SECTION 188.325, RSMO**

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Laura Griggs, treasurer  
Name and Title of Authorized Representative

  
Signature

8-4-16  
Date

**EXHIBIT B**  
**VENDOR INFORMATION**

The vendor should provide the following information about the vendor's organization:

1. Provide a brief company history, including the founding date and number of years in business as currently constituted.

Faith Maternity Care of Mid-Mo (Faith Maternity) has been in operation since July 2002 as a group maternity home. It has been in continuous operation since 2002, and we are excited to celebrate our 14th anniversary this July. We are able to house 5 residents simultaneously, and are able to provide non-residential services to expectant women and families in need. Since opening our doors, we have had 106 residents and 109 babies born in our residential program.

Faith Maternity Care recently opened a second, non-residential office in Fulton in July 2016. This office disseminates assistance, supplies, and education classes to expectant clients who do not require housing. Prior to opening the second office, we averaged ten (10) non-resident clients a month. We anticipate this number doubling in fall 2016 as the new office is located within walking distance from low-income housing, where the majority of eligible, non-resident clients live.

2. Describe the nature of the vendor's business, type of services performed, etc. Identify the vendor's website address, if any.

It is our mission to provide housing, healthy pregnancy and parenting training, life skills training, education, counseling, job assistance, adoption assistance, mental health wellness, paternity education, financial assistance, material supplies assistance, and other services to expectant mothers and families who present financial and/or domestic need. We provide all mentioned services to both residents and non-residents. All of this information is also recorded on our website: [www.faithmaternity.com](http://www.faithmaternity.com).

3. Provide a list of and a short summary of information regarding the vendor's current contracts for similar services.

We are not currently receiving funds from any other contract outside of the Alternatives to Abortions contract for fiscal year 2015-2016.

4. List, identify, and provide reasons for each contract/client gained and lost in the past two (2) years.

Contract	Date Gained	Date Lost	Reason
A2A (State of MO)	July 2014	May 2015	Contract period expired
A2A (State of MO)	July 2015	May 2016	Contract period expired
A2A (State of MO)	July 2016	N/A	Contract extension, ends Oct 2016

5. In the table below, indicate if the vendor is a not-for-profit entity that promotes one or more of the following four (4) purposes established by Congress under 42 U.S.C. Section 601 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. If a not-for-profit entity, describe past experience relative to the four (4) purposes.

Not-for-profit entity that promotes one or more of the following (4) purposes: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Purposes	Identify specific information about experience:
Providing assistance to needy families so that children may be cared for in their own homes or in the homes of relatives	Provide free housing to expectant mothers and assist in finding residents jobs, completing education, and other services with the goal of the resident reaching self-sufficiency within one year post-partum. Also provide classes, counseling, supplies, and financial assistance for rent/utilities to non-resident women and families.
Ending the dependence of needy parents on government benefits by promoting job preparation, work, and marriage	Assist clients in completing GED, teach job interview skills, and assist with transportation to/from work. Promote relationship recovery through counseling and strongly encourage co-parenting through a multi-session co-parenting course to encourage a working parenting relationship.
Preventing and reducing the incidence of out-of-wedlock pregnancies and establishing annual numerical goals for preventing and reducing the incidence of these pregnancies	Focus on abstinence education and provide professional counseling to all clients to encourage women to realize their own self-worth outside of a unstable sexual relationship.
Encouraging the formation and maintenance of two-parent families	Teach two multi-session group courses: "Co-Parenting" and "Making Parenting A Pleasure" that focus on learning to parent responsibly and as a team both in a marriage situation and in situations where client cannot/will not pursue marriage.

6. Describe the structure of the organization including any board of directors, partners, top departmental management, corporate organization, corporate trade affiliations, any parent/subsidiary affiliations with other firms, etc.

Faith Maternity is organized into two basic parts: paid staff and an elected, unpaid Board of Directors. The board serves as the main governing body, making all large financial and operational decisions. The board also monitors the progress of the staff. The paid staff consists of four positions: Day and Night Home Supervisors, Program Director, Assistant Client Services Director, and Community Outreach Organizer. All paid staff members are responsible for a specific area of the management of the home, and are held accountable by the board. We also have one volunteer credentialed case managers who operates on an on-call, as-needed basis.

Faith Maternity is not a subsidiary of any corporation. It is its own, separate, autonomic agency.

7. Provide a list summarizing any pending or final legal proceedings involving you or your company that took place in any court of law, administrative tribunal or alternative dispute resolution process that was filed, settled or gone to final judgment within the last three (3) years. The summary need not disclose confidential information of a disputed allegation of fact or law, but must contain the allegations made and/or contested or findings of the court of law, tribunal or dispute resolution process. Failure to provide a full and accurate summary of legal proceedings may result in rejection of the proposal or termination of any subsequent contract.

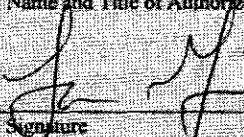
There are currently no pending or final legal proceedings involving Faith Maternity Care

EXHIBIT C

**CERTIFICATION REGARDING EXEMPTION FROM INCOME TAXATION**

The vendor certifies, by submission of the proposal and by signing below, that the vendor is "exempt from income taxation pursuant to the United States Internal Revenue Code".

Laura Gragg, Treasurer  
Name and Title of Authorized Representative

  
Signature

8-4-16  
Date

**EXHIBIT D**  
**CURRENT/PRIOR EXPERIENCE**

The vendor should copy and complete this form documenting the vendor and any subcontractor's current/prior experience considered relevant to the services required herein. In addition, the vendor is advised that if the contact person listed for verification of services is unable to be reached during the evaluation, the listed experience may not be considered.

**Vendor Name or Subcontractor Name:** Faith Maternity Care  
 (if reference is for a Subcontractor):

**Reference Information (Current/Prior Services Performed For:)**

Name of Reference Company/Client:	State of Missouri
Address of Reference Company/Client:	Office of Administration, 301 West High Street, Jefferson City, MO 65109
Reference Contact Person Name, Phone #, and E-mail Address:	Emily Kraft, 573-751-1851, Emily.kraft@oa.mo.gov.
Title/Name of Service/Contract	Alternatives to Abortion
Dates of Service/Contract:	2009-Present
If service/contract has terminated, specify reason:	
Size of Service such as:	Since 2009, FMC has assisted 62 clients through the funds provided by the A2A program
Size of Service/Contract (in terms of vendor's total amount of business)	Contract size varies each year. In the most recent contract, 2015-2016, FMC has utilized \$85,387.50 in A2A funds (through June 2016)
Description of Services Performed, such as:	Provides housing to women facing crisis or unplanned pregnancy (ages 18+). Provides related supplies, counseling, transportation, job placement assistance, education assistance, housing/utility assistance, to expectant women and families (both in residential care at FMC and as non-residents). Majority of clients reside in Callaway County, but we also assist clients from the surrounding Audrain, Cole, Boone, and Montgomery counties.
Personnel Assigned to Service/Contract (include position title):	For 2015-2016: Leasa Weghorst, credentialed case manager Theresa Bounds, credentialed case manager Anna Dudley, credentialed case manager Minnie Via, non-credentialed case manager Michelle Craighead, non-credentialed case manager Elizabeth Weicken, home supervisor (residential facility)

**EXHIBIT E**

**EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Identify the geographic region(s) the proposed key personnel will provide service in.)

<b>Title of Position: Contract Representative</b>	
<b>Geographic Region(s): Region 4</b>	
<b>Name of Person:</b>	Laura Griggs
<b>Educational Degree (s):</b> include college or university, major, and dates	B.S. From Olivet Nazarene University, 2009 M.M From the University of Missouri-Columbia, 2011
<b>License(s)/Certification(s), #(s), expiration date(s), if applicable:</b>	N/A
<b>Specialized Training Completed.</b>	N/A
<b># of years' experience in area of service proposed to provide:</b>	4 Years
<b>Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships</b>	Former employee and current board member (employee 3 years 2012-2015, board member 1 year 2015-2016)
<b>Describe this person's responsibilities over the past 12 months.</b>	Acting treasurer. Responsible for accounts payable/receivable, A2A grant compliance and billing.
<b>Previous employer(s), positions, and dates</b>	B&N Accounting (2009-2011), junior accountant Exchange Bank of Missouri (2011-2013), teller
<b>Identify specific information about experience in:</b>	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
<ul style="list-style-type: none"><li>• Early childhood development</li><li>• Family/marital counseling</li><li>• Social work</li><li>• Case management</li><li>• Program administration</li></ul>	Served as Executive Director of Faith Maternity Care (2013-2015). Responsible for overseeing entire program, A2A grant compliance.

**EXHIBIT E, continued**

<b>Title of Position: Credentialed Case Manager</b>	
<b>Geographic Region(s): Region 4</b>	
<b>Name of Person:</b>	Anna Dudley
Educational Degree (s): include college or university, major, and dates	B.A. In Psychology, Columbia College 2008 M.Ed in Counseling, Stephens College 2011
License(s)/Certification(s), #(s), expiration date(s), if applicable:	N/A
Specialized Training Completed.	Masters degree completed with emphasis in community counseling and marriage/family therapy
# of years' experience in area of service proposed to provide:	9 years
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employee, less than one year
Describe this person's responsibilities over the past 12 months.	Client intake, assessment for post-partum depression, drug testing and referrals to rehabilitation facilities, case management, teaching prenatal/parenting classes, overseeing program development and compliance
Previous employer(s), positions, and dates	Family Facets, intensive in home services specialist 2015 New Horizons, CPRP supervisor/PATH supervisor 2013-2014 Pathways, CPRP supervisor/community support specialist, substance abuse technician, 2007-2010, 2011-2013
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
• Early childhood development	Family Facets, 2015, taught parents about developmental milestones, made referrals for apparent delays/evaluation. Taught developmentally appropriate activities to parents.
• Family/marital counseling	Stephens College Practicum 2010-2011, provided family therapy at Boys and Girls Town (Great Circle), provided couples therapy at Wakonda Institute.
• Social work	Pathways, New Horizons, and Family Facets employment included completing assessments and making appropriate referrals to services, contacting care providers and coordinated care, clinical documentation (2009-2015)
• Case management	Phoenix Programs (05/11-07/11); Pathways (01/09-03/10; 11/11-12/11); Family Facets (08/15-11/15) - managed case load; met productivity requirement, followed up on referrals; accompanied clients to appointments and assisted in establishing care; coordinated care as needed; taught basic life skills and coached on ADL completion; ensure

- Program administration

medication compliance; clinical documentation; client advocacy as needed; SMART goal creation and treatment plan reviews Pathways (12/11-7/13); New Horizons (07/13-03/14) supervised case managers; tracked/problem solved case manager productivity; tracked task completion; mental health assessment and treatment planning; coordinated with Social Security Administration; ensured Medicaid and Missouri Dept. of Mental Health compliance; reviewed case management documentation; held weekly staff meetings; provided in service training to case managers; coordinated with Mental Health Court/Drug Court; completed corporate compliance audits; served on Multicultural/Quality Assurance/Safety committees

**EXHIBIT E, continued**

<b>Title of Position: Credentialed Case Manager</b>	
<b>Geographic Region(s): Region 4</b>	
<b>Name of Person:</b>	Leasa Weghorst
<b>Educational Degree (s): include college or university, major, and dates</b>	Associates in Nursing, Lincoln University 2010 BS Psychology, Lincoln University 2012 M.Ed. in Agency Counseling, Lincoln University 2015
<b>License(s)/Certification(s), #(s), expiration date(s), if applicable:</b>	Registered Nurse, MO License 2010023163 expires 2017
<b>Specialized Training Completed</b>	Passed national counseling exam 2/2016, PLPC application completed and pending
<b># of years' experience in area of service proposed to provide:</b>	3 years
<b>Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships</b>	Employee (2 years)/Volunteer and Board Member (1 year)
<b>Describe this person's responsibilities over the past 12 months.</b>	Client intake, assessment for post-partum depression, drug testing and referrals to rehabilitation facilities, case management, teaching prenatal/parenting classes.
<b>Previous employer(s), positions, and dates</b>	SSM Health, RN, worked as a nurse on the surgical floor and in hospice care. 2010-2012.
<b>Identify specific information about experience in:</b>	<b>Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience</b>
<ul style="list-style-type: none"><li>• Early childhood development</li></ul>	Earned 9 credit hours in developmental psychology 2008-2015 Earned 5 credit hours in pediatric/maternal nursing 2009
<ul style="list-style-type: none"><li>• Family/marital counseling</li></ul>	Counseling degree 2015. 1 year internship with limited experience in family/marital clients
<ul style="list-style-type: none"><li>• Social work</li></ul>	Worked with Faith Maternity Care residents to find resources and access the needs of clients and their child(ren). 2013-2014
<ul style="list-style-type: none"><li>• Case management</li></ul>	Case management of residents at FMC from 2013-2014
<ul style="list-style-type: none"><li>• Program administration</li></ul>	FMC Board member 2015-2016. Responsible for overseeing program development and grant compliance.

**EXHIBIT E, continued**

<b>Title of Position:</b> Credentialed Case Manager	
<b>Geographic Region(s):</b> Region 4	
<b>Name of Person:</b>	Dawn (Michelle) Craighead
<b>Educational Degree (s):</b> include college or university, major, and dates	BFA from University of Central Missouri 1999 M.Ed in Counseling Psychology from University of Missouri 2015
<b>License(s)/Certification(s), #(s), expiration date(s), if applicable:</b>	N/A
<b>Specialized Training Completed.</b>	Mental First Aid certified 2014. Teaching English as a Second Language certified 2011.
<b># of years' experience in area of service proposed to provide:</b>	2 years
<b>Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships</b>	Employee, less than one year
<b>Describe this person's responsibilities over the past 12 months.</b>	Teaching client classes, assisting program director with referrals, allocating needed supplies for non-residential clients, managing non-resident schedule and materials
<b>Previous employer(s), positions, and dates</b>	Employment consultant/job coach – JobPoint 2013-2014 Graduate Assistant for Office of Career Development – University of Missouri 2014-2015
<b>Identify specific information about experience in:</b>	<b>Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience</b>
<ul style="list-style-type: none"><li>• Early childhood development</li><li>• Family/marital counseling</li></ul>	N/A  Volunteer mentor for Heart-to-Heart (mentoring program) 2011-2012. Assisted adults with relationship skills, critical life skills.
<ul style="list-style-type: none"><li>• Social work</li></ul>	Volunteer mentor for Heart-to-Heart (mentoring program) 2011-2012. Assisted adults with job interview skills, money management skills
<ul style="list-style-type: none"><li>• Case management</li></ul>	Job Coach for JobPoint 2013-2014. Provided on the job assessment, training, and coaching to employees to help them retain employment
<ul style="list-style-type: none"><li>• Program administration</li></ul>	Job Coach for Alphapointe 2012. Evaluated client career interests, qualifications, and goals. Assisted clients in creating strategies to develop strengths.

*Not to BACP*

## EXHIBIT F

### METHOD OF PERFORMANCE

The vendor should present a written plan for performing the requirements specified in this Request for Proposal. In presenting such information, the vendor should specifically address each of the following issues:

1. For each geographic region proposed, identify the service location as well as any satellite locations. Describe the geographic proximity of the services being proposed to the majority of clients to be served. Describe how women initially access services and locate the service location/satellite location.

#### GEOGRAPHIC REGION \_4

*(Identify the geographic region. If proposing multiple geographic regions, copy and complete this table for each geographic region proposed.)*

Identify the service location:	1900 Lake Dr, Fulton, MO 65251 (Residential Program)
--------------------------------	--

Identify the satellite location(s)	500 Market St, Ste 301C, Fulton, MO 65251 (Non-Residential Office)
------------------------------------	--

Describe the geographic proximity of the services being proposed to the majority of the clients served.
---

The satellite location intends to serve low income women/families in Fulton, and is located within walking distance (1 mile or less) from several low-income and section VIII housing constructs. The residential (Lake Drive) location accepts clients from across the state of Missouri, most of whom are from within an hour of the location. The residential home is located in a more quiet and secluded location to protect the privacy and promote the safety of our residents, especially those from abusive relationships.

Describe how women initially access service and locate the service location/satellite location.
---

Women typically find us through our website ([www.faithmaternity.com](http://www.faithmaternity.com)) or through a referral from a caseworker, other community organization such as CMCA, Headstart, or local doctors' office. A potential client can reach us anytime of the day or night via a phone call to the FMC residential office, during business hours at the satellite location, email us from the "contact us" section of our website, or by stopping by our facility or satellite location and requesting assistance in person.

2. For each geographic region proposed, describe the demographic profile of the at-risk population to be served. Describe outreach strategies for reaching the targeted at-risk population(s), including strategies for addressing the cultural diversity of targeted clients

#### **GEOGRAPHIC REGION \_4**

*(Identify the geographic region. If proposing multiple geographic regions, copy and complete this table for each geographic region proposed.)*

Describe the demographic profile of the at-risk population to be served.

The residential program at FMC serves pregnant women aged 18 and older who are living at or below 185% of federal poverty levels. These women occasionally have older children who they are able to bring with them into the FMC residential program. These women come from diverse ethnic backgrounds, with about 50% being from a minority group (African American or Hispanic).

The non-residential program serves expectant mothers of all ages (minors with the permission of parents or guardians) and co-parenting couples (both married and unmarried). Individuals or families receiving financial (primarily rent and utility) assistance must have an established financial need; however, our educational and emotional support services are available to all members of the community regardless of economic status. The ethnic diversity of our non-residential clients matches that of our residents.

Describe outreach strategies for reaching the targeted population.

By cooperating with local organizations such as CMCA, adoption agencies, and government social service agencies, along with placing advertisements in high-traffic public areas such as doctors offices and local health departments, we are able to reach clients who represent a diverse cultural and socio-economic background.

3. For each geographic region proposed, describe the marketing of services.

Our services are marketed in three distinct ways. First, detailed pamphlets and flyers are made available at most churches, doctors offices, related government agencies (such as the WIC office), and other locations where individuals facing an unplanned or crisis pregnancies are likely to visit. These pamphlets and flyers outline the types of services available at FMC and how to contact us for help. Second, tear off flyers are hung in private public locations (such as restrooms or exam rooms) where a potential client would be able to discretely tear off a tab with our contact information in private. This allows for women in abusive or unsafe relationships to obtain our contact information without putting themselves or their unborn child at risk.

Third, we also market our services via our website. A Google search for Missouri Maternity Home will typically have Faith Maternity Care listed as the second result, with a direct link to our page that includes detailed information on the type of services we offer and how to contact us.

**Item Revised by Addendum #1**

4. For each geographic region proposed, identify the site where the Initial Client Intake Assessment will be conducted. Describe how client eligibility will be determined.

#### **GEOGRAPHIC REGION \_4**

*(Identify the geographic region. If proposing multiple geographic regions, copy and complete this table for each geographic region proposed.)*

Identify the site where the Initial Client Intake Assessment will be conducted:

1900 Lake Dr, Fulton, MO 65251 (Residential)  
500 Market St, Ste 301C, Fulton, MO 65251 (non-residential)

Describe how client eligibility will be determined.

When a prospective client contacts us for services, we follow several specific steps to determine eligibility.

Most clients contact us by phone, so one of our staff will discuss the types of services available and complete brief eligibility form over the phone. The form is then given to one of our case managers, who contacts the client to complete eligibility determination and line up services.

If the client wishes to be accepted as a resident, the program director completes an interview (usually within one or two days, as the need for placement is usually urgent). If the client is unable to travel to our facility for the interview, it will be conducted over the phone. During the interview a credentialed case manager meets with the client, determines eligibility, requires proof of pregnancy in the form of a pregnancy test from our office or medical release from a practitioner, explains the house rules, our expectation for the client to receive parenting education and job skills training, and our expectation that the client adopt/continue a drug free lifestyle that benefits both mom and baby. The client's financial need will also be assessed, either by faxed copies of the A2A required documents or assessment of documents in person to ensure that the client is below the 185 percent of the federal poverty level. If the client is willing to agree with the expectations and meets eligibility requirements, she will meet with a credentialed case manager to have an Individual Risk and Needs Assessment completed as a final assessment, and is then accepted into the program upon signing a consent form to receive A2A services.

5. For each geographic region proposed, provide a detailed description of the case management process. Identify the hours of service, including emergency coverage outside of business hours and weekends.

The majority of case management services are handled by the Program Director between the hours of 9-5 Monday through Friday. Residential clients are required to meet with a credentialed case manager for one hour once or twice a week for any prenatal/parenting educational needs, and at least one hour a month for creating and reviewing goal sheets and assistance with other, non-educational needs identified in the IPCP. If the client is connected with other agencies (such as a DFS caseworker), the credentialed caseworker will arrange check in and conference times to assure that the client is meeting both FMC requirements and those set by the other agency(ies) Our non-residential clients are required to meet with either the credentialed or non-credentialed caseworker either face-to-face at a FMC facility, at their home, or at a predetermined safe location, at least twice a month. In the event of an emergency, clients can reach a staff member 24/7 by phone at the FMC office. Along with the program director, we also have one volunteer credentialed case manager to assist with overflow and after-hours needs so that someone is also available to help. This individual also audits case management files on a quarterly basis to ensure that clients are receiving an appropriate level of care and that all files are being maintained according to standards set by the A2A program and the Board of Directors.

**Item Revised by Addendum #1**

6. For each geographic region proposed, provide a preliminary list and description of all prenatal and parenting education courses provided by your organization. Indicate the source of the course material taught in each class and identify where each of the required educational components identified in paragraph 2.3.1 c. of the RFP are covered.

Prenatal/Infant Education

Safe Sleep for Infants - "Reducing the risk of SIDS", Heritage House '76 and "Safe Sleep for Your Baby", Missouri Department of Health and Senior Services

- Educates clients on safe sleep for babies (sleeping on the back, no blankets, etc) and ways to reduce the risk of SIDS.

Breastfeeding and/or WIC Education – “Breastfeeding Your Baby” Mead Johnson & Company; referral to breastfeeding consultant at WIC office

- To educate clients on the benefits of breastfeeding and to improve confidence in abilities to breastfeed. Provides education on ways to accommodate everyday tasks while still breastfeeding. Meeting with the breastfeeding consultant provides clients the opportunity to get comfortable with the idea of breastfeeding and ask questions.

Prenatal Care Education – Earn While You Learn Curriculum; Heritage House '76, Inc.

- The objective is to give clients an understanding of what will happen during the first visit, what is tested, what the results mean and what rights they have. Also, it encourages them to ask questions and take ownership of their pregnancy. Also includes information about the importance of Folic Acid and other important nutrients for a healthy pregnancy.

Smoking While Pregnant Education – Earn While You Learn Curriculum; Heritage House '76, Inc.

- The objective is to give clients an understanding of the effects of smoking on the unborn child and pregnancy health. Also provides education on the dangers of second hand smoke during pregnancy.

Illegal Drugs and Alcohol During Pregnancy Education – “And Down Will Come Baby: Drugs and Alcohol During Pregnancy” Department of Education 1994

- To educate clients on the dangers of illegal drug and alcohol use during pregnancy. Specifically covers various substances and the potential long term effects on the child after birth.

Immunization Education – “Vaccines for Your Children: Protect Your Child at Every Age” Center for Disease Control

- To educate clients on immunization recommendations for children and the recommended immunization schedule.

Shaken Baby Syndrome Education – “Preventing Shaken Baby Syndrome” DVD and discussion; Children’s Trust Fund (Missouri’s Foundation for Child Abuse Prevention) “Shaken Baby Syndrome” Medline Plus

- To help clients understand the dangers in shaking a baby, symptoms, and lasting effects from shaking a baby. Also to educate clients on ways to calm themselves if feeling overwhelmed and frustrated; focus on prevention of Shaken Baby Syndrome.

Car Seat Safety – Instruction by local fire department and “Car Seat Safety”, Heritage House '76

- Clients are taken to the local fire department to have car seat installation checked and to also receive an overview on how to use a car seat safely. Lesson reinforced with Heritage House '76 DVD curriculum.

Nutrition Education – Earn While You Learn Curriculum; Heritage House '76, Inc.

- To help clients understand why proper nutrition is essential during pregnancy. Outlines ideal foods, caloric intake, and what foods to eat for essential nutrients during pregnancy. Reviews healthy weight gain during pregnancy, and what this weight gain is divided amongst (i.e., breasts, amniotic fluid, etc.)

### Co Parenting (Encouraging Responsible Paternity)

“One Heart Two Homes” CoParenting International

- To help parents learn how to communicate with one another and work together when making decisions to ensure the child’s best interest is considered first; instead of personal feelings/emotions.

### Parenting (Encouraging Responsible Paternity)

“Making Parenting a Pleasure” – Parenting Now!, 1997; Positive Parenting Solutions, Inc., 2006-2016

- To educate clients on positive ways to cope with stress, communicate, and resolve conflicts with children.

Offers clients opportunities to explore and transform their parenting style, and develop a support system.

7. For each geographic region proposed, describe each of the services specified in section 2.3.2 of the RFP. Explain the service delivery system including any referral network and referral plan. Describe the cultural competency of providers.

**Prenatal Care-** Clients who cannot access regular prenatal care are provided transportation to and from all appointments to a provider of their choice in town (Fulton). Clients who are high risk or need a specialized test (ultrasound, etc) are provided transportation to and from a provider of their choice at the nearest major city (Jefferson City or Columbia). Since clients are responsible for choosing their own practitioner, they are able to select a provider that meets their individual needs and expectations. Clients who need transportation at the time of delivery or other emergency can reach a FMC staff member 24/7 at the FMC office for transportation.

Clients who do not have insurance are immediately assisted with applying for Medicaid or for insurance through the state exchange. While the client waits for confirmation of coverage, FMC will cover costs of immediately necessary medications (such as prenatal vitamins and diabetes monitors) and communicate with the doctor so that visits can be billed for once a Medicaid number is available.

**Medical Care – Please see “Prenatal Care”**

**Mental Health Care -** Clients identified as needing mental health care can receive counseling at the FMC office by a registered PLPC once a week or can request to be referred to Options Unlimited to see a psychologist. FMC has negotiated a flat price of \$35/session with a local PLPC for A2A eligible clients. Clients who choose to be seen at Options Unlimited can typically have their visits covered by Mo HealthNet. Between these two options, counselors and psychologists of varying cultural backgrounds and experiences are available.

**Newborn or Infant Medical Care –** FMC provides transportation to a family doctor/pediatrician of the clients choosing and keeps a calendar of all appointments to ensure that all babies are seen regularly by a physician.

**Adoption Assistance -** All clients that reflect an interest in adoption are given information on local adoption agencies. A case manager assists the client in understanding the difference between agencies and with scheduling appointments to work with the agency she has selected. We maintain a database of all agencies that service mid-Missouri, allowing the client to choose an adoption provider that meets her needs and expectations. The adoption agencies typically cover all costs associated with client transportation, legal meetings, and other requirements. Clients that wish to arrange a private adoption with a family member or friend are assisted with locating and transportation to a lawyer and any necessary court dates.

FMC maintains a neutral stance on adoption and neither encourages nor discourages any parent from choosing adoption.

**Child Care –** Clients who require childcare are first connected with the Headstart Program, as it is the least expensive and most culturally diverse option available. This program offers 30 days of free childcare for parents in our program to ensure that they are able to receive their first paycheck before the first childcare payment is due. FMC also assists the client with budgeting for childcare to ensure the client is prepared to cover payments.

**Clothing** – FMC maintains a large “store” in the basement of our facility full of donated new and gently used clothes for mothers and children. Clients are outfitted with supplies they need immediately, and have the opportunity to earn ‘baby bucks’ to spend in the store by taking classes and achieving goals. We typically only have to purchase undergarments for clients.

**Domestic Abuse Protection** – FMC provides transportation to and from court cases associated with domestic abuse/violence, applying for orders of protection, and counseling/emotional support groups at the local women’s center and/or CardV facility.

**Drug and Alcohol Testing and Treatment** – Clients with a drug history or who are displaying behaviors consistent with drug/alcohol abuse are given random urine, 10-panel tests. Clients who test positive are required to be assessed by a local rehabilitation clinic such as the McCambridge Center (Columbia). If treatment is recommended, clients will be provided with transportation to outpatient groups. Clients who enter inpatient care will be able to rejoin the FMC program upon completion of their treatment. Clients with a history of drug/alcohol abuse are provided a list of local AA/NA meetings and are provided with transportation to meetings to help encourage their sobriety.

**Educational Services**- FMC pays for and provides transportation to GED classes for any clients who do not have a diploma. Clients who wish to pursue higher education or vocational training are assisted with applying for financial aid, and are able to take online courses using computers available at our office. Transportation is provided for any classes in town (Fulton).

**Food** – All clients are assisted with applying for WIC and SNAP and are provided transportation to pick up any WIC checks and for all WIC health appointments.

**Housing** – FMC provides housing in our facility for 5 women and their child(ren). Clients who need short-term emergency housing are put up in a licensed shelter or local hotel (if shelter is not available). Clients who already have a safe place to live but are facing eviction due to failure to pay rent can receive up to \$500 to cover back-owed rent made payable directly to the landlord.

**Utilities**- Clients who are having utilities shut off due to failure to pay can receive up to \$500 to cover back-owed bills made payable directly to the provider. Clients must provide notice of shut off or bill showing unpaid balance.

**Job Training And Placement** – Clients who are unemployed are assisted with creating a resume, picking up and returning applications. Clients are also referred to government services listed in 2.7. In to facility job training and placement. Clients may also be referred to the Callaway Keys organization, which helps provide resume assistance, job interview practice, and proper interview attire. All services they provide are free and led by volunteers from a variety of jobs and backgrounds in the community.

**Supplies** – FMC keeps a large “store” in the basement of the facility that includes a wide variety of donated baby, maternity, and nursing/formula feeding supplies. Clients can “purchase” these goods with points earned by taking classes and meeting their personal goals in the FMC program. Clients who have an emergency need, such as a safe sleep space for a newborn, will be given a pack n’ play or crib. If FMC does not have any available, we transport the client to Birthright in Jefferson City where they can receive a voucher for a free pack n’ play. If Birthright does not have any vouchers left, FMC will purchase a new pack n’ play for the client.

**Transportation** – FMC has two staff operated vehicles that provide free transportation to doctor's appointments, work, school, and any other locations identified in the IPCP. In the event of a schedule conflict between several clients, Medicaid transport will be scheduled for medical visits, or the public bus provided by SERVE will be contracted to transport the client. SERVE is a non-profit, grant funded organization that provides affordable transportation to the underprivileged in Callaway county.

**Ultrasound Services** – Ultrasound services are treated in the same was as “prenatal care” and “medical care” by FMC. FMC does not provide these services in house, but will transport a client to a service location of her choice within 30 miles if identified as necessary by the IPCP or a medical doctor.

**Other Services** – Since FMC provides free transportation, housing, and material/financial assistance services, other services are rarely required. If further services are identified on the IPCP, FMC will only request the A2A program to be the payer as a last resort.

8. For each geographic region proposed, describe how your proposed program will provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives.

FMC provides assistance to needy families to encourage families remaining intact in two ways. First, the residential facility has a room specifically set up for expectant mothers with older children. This allows mothers to choose life for their unborn child, while keeping their other children with them in the residential facility. While utilizing the mother-children room, the mother will also be able to take parenting classes that focus on the developmental stages and needs of her older children. This allows her to not only be prepared for the birth of her next child, but also to learn how to safely and compassionately care for her older children, which will increase the chances of the family being able to remain together once they have graduated from the residential program. These same classes are also available to non-resident clients.

Second, a mother/family who has lost custody of their child(ren) is able to work towards re-unification through the parenting classes we offer. Women in our residential program are also able to have supervised or unsupervised (which ever the DFS case manager requires) visits in our facility, which not only allows them to work toward re-unification, but also gives us the ability to observe the areas where parenting skills may be lacking so they can be addressed and improved. This increases the possibility that the parent will be able to reclaim and maintain custody of the child(ren).

Fathers who have a desire to be involved are encouraged to participate in the above mentioned programs.

9. For each geographic region proposed, describe how your proposed program will help to end the dependence of needy parents on government benefits by promoting job preparation, work, and marriage.

FMC promotes job preparation, work, and marriage in the following ways:

**Job Preparation:** Clients who are unemployed are given assistance creating resumes, locating job openings that are good matches for their abilities, and transportation to pick up applications and interviews. Clients who have not completed a their GED are enrolled in a program so that they can have a better chance of finding employment that pays a living wage in the future.

**Work:** FMC aims to teach all residents a strong work ethic so that clients can maintain employment once they find a job. All residents are responsible for a limited number of daily chores at the facility, which helps to teach the importance of doing your part so that everyone can benefit as well as the importance of doing a job to the best of your ability, no matter how small it seems. These chores, such as cooking a meal or washing dishes, also help teach life skills that can be translated into usable skills in the work force. FMC also provides transportation to jobs within a 10 mile radius of our facility or assistance locating reliable public transportation.

**Marriage:** FMC strongly encourages paternal involvement in all prenatal/parenting classes and doctor's visits. Fathers who participate in the program along with the mother are able to earn "baby bucks" to purchase supplies for the new baby from our store of donated supplies. This incentivizes the father's involvement, and also allows him to feel that he is providing for his family, which we believe encourages the parents relationship to continue even though they are separated with the mother in residential care. Our parenting and sexual integrity curriculum are marriage focused, showing the parent couple that children benefit greatly from a stable and married parenting couple.

10. For each geographic region proposed, describe how your proposed program will reduce the incidence of future out-of-wedlock pregnancies. Include your program's annual numerical goals for preventing and reducing the incidence of these pregnancies.

Both our residential and non-residential programs are abstinence based, and utilize a sexual integrity curriculum ("The Blue Print for Sexual Integrity" by Heartbeat International) that promotes the benefits of abstinence including more stable relationships, avoidance of STDs, and avoidance of unintended pregnancy. The curriculum, our staff, and our contracted counselor all aim to teach the women in our program that healthy dating relationships are not built around sex.

It is our goal that 80% of our clients complete the sexual integrity program to promote abstinence and reduce out of wed-lock pregnancies. While not all of our former clients keep in contact, we believe that about 25% of our clients from 2013-2015 experienced a second, out of wed-lock pregnancy after graduating from our program. It is our goal, through new curriculum, increased support staff, and a larger after care program, to reduce that number to 15% for 2016-2018.

11. For each geographic region proposed, describe how your proposed program will encourage the formation and maintenance of two-parent families.

FMC promotes and incentivizes paternal involvement in all prenatal/parenting classes and prenatal/infant related appointments for healthy (non-abusive) relationships. A father who is involved during the pregnancy is much more likely to feel a connection with the newborn baby and have a desire to actively parent. Our program also features two type of parenting curriculum: "Making Parenting A Pleasure" and "One Heart Two Homes". The former focuses on establishing and promoting a stable, marriage relationship for raising a child. The latter focuses on learning to put differences aside and co-parent when marriage or a long-term relationship is not an option or desired by the parents. Both curriculum promote active, two-parent families

12. **Organizational Chart** - The vendor should provide an organizational chart showing the staffing and lines of authority for the key personnel to be used. The organizational chart should include (1) The relationship of service personnel to management and support personnel, (2) The names of the personnel and the working titles of each, and (3) Any proposed subcontractors including management, supervisory, and other key personnel.

- The organizational chart should outline the team proposed for this project and the relationship of those team members to each other and to the management structure of the vendor's organization.

**Board of Directors**

Amber Way (President), Laura Griggs (treasurer), Leasa Weghorst (Secretary), Theresa Bounds, John Finley, Kitty Cunningham.

**Oversees:**

**Program Director**

Anna Dudley. Oversees all aspects of the program and ensures compliance with vision and Board instruction.

**Directly Oversees Two Staff Positions:**

**Assistant Client Services Director**

Michelle Craighead. Responsible for non-resident program.

**Home Manager**

Sandra Hardy. Responsible for the day-to-day maintenance of the residential facility.

**Oversees:**

**Home Supervisors**

Rotating staff of 3-4 individuals that assist the home manager with client transportation and other needs. Ensure the residential facility is staffed 24/7.

**13. Along with a detailed organizational chart, the vendor should describe the following:**

- How services of the contract will be managed, controlled, and supervised in order to ensure satisfactory contract performance.

The Program Director will report directly to the Board of Directors each month with client statistics, services requested, and issues. The Program Director will also directly supervise the residential facility and all staff inside of the residential facility to ensure that the program is operating to A2A standards.

The non-residential case manager will assist with non-resident supply and educational needs in compliance with each IPCP in order to ensure that FMC can service a larger number of clients (5 residents, 15-20 non-residents maximum monthly).

- **Total Personnel Resources** - The vendor should provide information that documents the depth of resources to ensure completion of all requirements on time and on target. If the vendor has other ongoing contracts that also require personnel resources, the vendor should document how sufficient resources will be provided to the State of Missouri.

FMC does not have any other on going contracts outside of the 2015-2016 A2A contract. FMC employs 6-8 paid and trained employees at a time, along with utilizing volunteers on an "as needed" basis. This allows us to serve 5 residents and their children along with 15-20 non-resident clients, maximum, each month.

14. Economic Impact to Missouri - The vendor should describe the economic advantages that will be realized as a result of the vendor performing the required services. The vendor should respond to the following:

- Provide a description of the proposed services that will be performed and/or the proposed products that will be provided by Missourians and/or Missouri products.

All employees of Faith Maternity Care are Missouri residents. The majority of the physical resources and materials are provided via donations, but FMC always attempts to purchase needed goods from local businesses before ordering from out of state.

- Provide a description of the economic impact returned to the State of Missouri through tax revenue obligations.

FMC employees between 6 and 8 individuals at one time. The majority of these individuals are mothers with young children, providing a source of income for these families and reducing their dependence on government services, while generating income tax revenue for the state.

- Provide a description of the company's economic presence within the State of Missouri (e.g., type of facilities: sales offices; sales outlets; divisions; manufacturing; warehouse; other), including Missouri employee statistics.

FMC is a non-profit organization that does not sell any products or merchandise. Our economic presence in Missouri is limited to employment provided (6-8 employees).

**Item Inserted by Addendum #1**

15. For each geographic region proposed, the vendor should indicate the estimated number of clients the vendor anticipates serving annually for non-residential services and residential care services.

GEOGRAPHIC REGION	ESTIMATED ANNUAL NUMBER OF NON-RESIDENTIAL CLIENTS TO BE SERVED	ESTIMATED ANNUAL NUMBER OF RESIDENTIAL CLIENTS TO BE SERVED
1		
2		
3		
4	120	17
5		
6		
7		
8		
9		

*Rev 8/20 BAF/00*

**EXHIBIT H**

**CLIENT SCENARIO**

The vendor should present a written narrative which demonstrates the method or manner in which the vendor proposes to satisfy the requirements of the Request for Proposal to conduct Alternatives to Abortion Program services for the client scenario described below. The vendor should provide a total price with a price analysis for the client services identified in the narrative.

\*\*\*\*\*

Jessica Smith has recently graduated from high school. She wants to pursue a career as a high school English teacher. She has applied and been accepted as an incoming freshman at a local college.

Jessica has just learned that she is six weeks pregnant. She does not currently have a job, and her boyfriend, also a recent high school graduate, is also unemployed. They are both 18 years of age and had planned to get an apartment together. Neither one of them has monetary support from their families.

Jessica currently lives 15 miles from the contractor's service location, but does not have a vehicle. If she continues with her higher education plans at the local college, she will be 30 miles away from the local college. She has contacted your organization and is unsure of her decision to parent or adopt.

Narrative:

Program Director (PD) would discuss Jessica's intent to carry the pregnancy to term. PD would assess her current immediate needs (i.e., Medicaid, SNAP, WIC, housing, etc.) and available supports. PD would discuss options for non-residential services with case management and support in meeting immediate needs; as well as residential services available. PD would explain to her that both programs offer parenting and adoption education and support for the option best suited for her. PD would explain the extent of both non-residential and residential services, highlighting the additional support for her and the child's father in residential services. Residential services would provide immediate, safe housing for the mother, transportation to and from prenatal appointments, and would most likely be the best option for Jessica since she does not currently have family support, an income, or a vehicle. However, if Jessica should choose to access services as a non-resident, Faith Maternity would be able to help meet her additional immediate needs with rent and utility assistance, assistance accessing public transportation for appointments, and any maternity clothes (such as clothes) that the client is lacking.

Regardless if Jessica enrolls in the program as a non-resident or as a resident, PD will recommend that her boyfriend attend all prenatal/parenting/adoption classes with her in order to encourage paternal involvement both through the pregnancy and after the birth. Both parents will also receive assistance in locating job openings, applying for positions, and locating reliable transportation. PD would help Jessica problem solve school enrollment and class attendance by encouraging her to consider being an online student; highlighting the benefits of working at your own pace while pregnant. Should Jessica decide to pursue adoption, she and her boyfriend would be connected with an adoption agency, and parenting classes would be replaced with adoption classes provided by the adoption

organization.

PD would complete A2A assessment and intake for appropriate program before initiating above mentioned services for either the residential or non-residential program to ensure client qualifies for services and grant compliance.

**Cost Analysis:**

Since this scenario offers two possibilities (Jessica enrolling as a resident or as a non-resident), two cost analyses are provided.

**Residential Scenario:**

While clients are able to remain as residents up to one year post-partum, it is our estimate that a scenario like Jessica would see the client graduate from the residential program after 4 months of residency.

SERVICE	COST	QUANTITY	TOTAL
Residential Care (includes housing, food, transportation, case management, education)	\$100/day	120 days	\$12,000.00
After Care Program	\$35/hr	5 hrs a month for 3 months	\$525.00
Baby/Maternity Supplies	\$0 (provided through community donations)	N/A	\$0.00

TOTAL: \$12,525

**Non-Residential Scenario:**

We would estimate that Jessica would be eligible/require weekly non-residential services for 6 months.

SERVICE	COST	QUANTITY	TOTAL
Rent/Utility Assistance	\$500.00	1	\$500.00
Case Management (including job placement assistance for both parents, assistance accessing higher education goals)	\$35/hr	8 hrs a month for 6 months	\$1,680.00
Baby/Maternity Supplies	\$0 (provided through community donations)	N/A	\$0.00
Prenatal/Parenting Education	\$35/hr	4 hrs a month for 6 months	\$840.00
After Care Program	\$35/hr	2 hrs a month for 3 months	\$210.00

TOTAL: \$3,230

## **IMPLEMENTATION PLAN**

Implementation or Readiness Plan - The vendor should sequentially list and briefly describe the tasks or events proposed for the implementation of the required services. If no tasks or events are required, the vendor should provide a statement of readiness. For each task/event identified, the vendor should identify the number of days required to complete the task/event, the personnel proposed to perform the task/event, and the number of work hours for each person.

- **Completion Day** should be specified as a certain number of days from state agency authorization to proceed with services until completion of the specific task and should be expressed as calendar days, not specific dates.
- **Assigned Personnel** should be identified by name rather than project title unless such personnel are yet to be hired.
- **Workhours** should indicate that time each assigned person will spend on the specific task.

## **Statement of Readiness**

Faith Maternity Care has been receiving A2A grant monies since 2009; therefore, we are already set up and operating according to A2A standards. We currently employ one full-time credentialed case-manager (Program Director), one part-time credentialed case-manager (Assistant Client Services Director), one non-professional case manager (Home Manager), three to four rotating home supervisors for the residential facility, and have one additional credentialed case manager who assists on an as-needed basis to ensure that a credentialed case manager is available at all times, in case of emergency.

**EXHIBIT I**

**Certification Regarding  
Debarment, Suspension, Ineligibility and Voluntary Exclusion  
Lower Tier Covered Transactions**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

**(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR CERTIFICATION)**

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

X Kingdom Ministries DBA  
Truth Maternity Care

Company Name

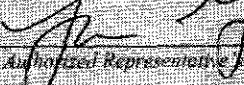
DUNS # (if known)

Lowry Griggs

Authorized Representative's Printed Name

Treasurer

Authorized Representative's Title

  
Lowry Griggs

Date

8-24-10

**Instructions for Certification**

1. By signing and submitting this proposal, the prospective recipient of Federal assistance funds is providing the certification as set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective recipient of Federal assistance funds knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the Department of Labor (DOL) may pursue available remedies, including suspension and/or debarment.
3. The prospective recipient of Federal assistance funds shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective recipient of Federal assistance funds learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposed," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of these regulations.
5. The prospective recipient of Federal assistance funds agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in the covered transaction, unless authorized by the DOL.
6. The prospective recipient of Federal assistance funds further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may but is not required to check the List of Parties Excluded from Procurement or Nonprocurement Programs.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntary excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the DOL may pursue available remedies, including suspension and/or debarment.

**EXHIBIT K, continued**

*(Complete the following if you DO NOT have the E-Verify documentation and a current Affidavit of Work Authorization already on file with the State of Missouri. If completing Box B, do not complete Box C.)*

**BOX B - CURRENT BUSINESS ENTITY STATUS**

I certify that OSR Financial Network (Business Entity Name) **MEETS** the definition of a business entity as defined in section 285.525, RSMo pertaining to section 285.530.

Laura Griggs

Authorized Business Entity Representative's  
Name (Please Print)

Laura Griggs  
Authorized Business Entity  
Representative's Signature

Kingdom Ministries DBA Faith Ministry Care  
Business Entity Name

8-24-16  
Date

laura@faithministry.com  
E-Mail Address

As a business entity, the vendor must perform/provide each of the following. The vendor should check each to verify completion/submit of all of the following:

- Enroll and participate in the E-Verify federal work authorization program (Website: <http://www.uscis.gov/e-verify>; Phone: 888-464-4218; Email: [e-verify@cis.dhs.gov](mailto:e-verify@cis.dhs.gov)) with respect to the employees hired after enrollment in the program who are proposed to work in connection with the services required herein;

AND

- Provide documentation affirming said company's/individual's enrollment and participation in the E-Verify federal work authorization program. Documentation shall include EITHER the E-Verify Employment Eligibility Verification page listing the vendor's name and company ID OR a page from the E-Verify Memorandum of Understanding (MOU) listing the vendor's name and the MOU signature page completed and signed, at minimum, by the vendor and the Department of Homeland Security - Verification Division. If the signature page of the MOU lists the vendor's name and company ID, then no additional pages of the MOU must be submitted.

AND

- Submit a completed, notarized Affidavit of Work Authorization provided on the next page of this Exhibit.

**EXHIBIT K, continued****AFFIDAVIT OF WORK AUTHORIZATION:**

The vendor who meets the section 285.525, RSMo, definition of a business entity must complete and return the following Affidavit of Work Authorization.

Comes now Laura Griggs (Name of Business Entity Authorized Representative) as treasurer (Position Title) first being duly sworn on my oath, affirm Kindred Maternity (Business Entity Name) is enrolled and will continue to participate in the E-Verify federal work authorization program with respect to employees hired after enrollment in the program who are proposed to work in connection with the services related to contract(s) with the State of Missouri for the duration of the contract(s), if awarded in accordance with subsection 2 of section 285.530, RSMo. I also affirm that Kindred Maternity (Business Entity Name) does not and will not knowingly employ a person who is an unauthorized alien in connection with the contracted services provided under the contract(s) for the duration of the contract(s), if awarded.

*In Affirmation thereof, the facts stated above are true and correct. (The undersigned understands that false statements made in this filing are subject to the penalties provided under section 575.040, RSMo.)*

Laura Griggs  
Authorized Representative's Signature

Laura Griggs  
Printed Name

treasurer  
Title

8-19-16  
Date

treasurer@kindredmaternity.com  
E-Mail Address

957234  
E-Verify Company ID Number

Subscribed and sworn to before me this 19 of August 2017 I am  
commissioned as a notary public within the County of Callaway, State of  
Missouri, and my commission expires on 11-21-19.

Jenna Hedges  
Signature of Notary

8-19-16  
Date

JENNA HEDGES
Notary Public - Notary Seal
State of Missouri, Callaway County
Commission # 11347286
My Commission Expires Nov 21, 2019



# E-Verify

## Employment Eligibility Verification

Click any for help

Home

New Case

View Cases

Search Cases

Help

E-Verify

Change Password

Change Security Questions

View Company Profile

Add New User

View Existing Users

Close Company Account

Help

View Reports

View Essential Resources

Take Tutorial

View Case Status

Share Cases

Contact Us

### Company Information

Version: 0.0  
Change Log

Case ID:  
G1-AU3263

Last Logon:  
3/22/2016 09:52:31 AM

Log Out

Company Name: Kingdom Ministries

[View / Edit](#)

Company ID Number: 357254

Doing Business As (DBA) Name: Faith Ministry Care

DUNS Number:

#### Physical Location:

Address 1: 3500 Lake Drive

#### Mailing Address:

Address 1: PO Box 6252

Address 2:

Address 2:

City: Fulton

City: Fulton

State: MO

State: MO

Zip Code: 65251

Zip Code: 65251

County: CALLAWAY

#### Additional Information:

Employer Identification Number: 134218000

Total Number of Employees: 5 to 9

Parent Organization:

Administrator:

#### Organization Designation:

Employee Category: None of these categories apply

NAICS Code: 621 - NURSING AND RESIDENTIAL CARE FACILITIES

[View / Edit](#)

Total Hiring Sites: 1

[View / Edit](#)

Total Points of Contact: 1

[View / Edit](#)

Print / Email

U.S. Department of Homeland Security - [www.dhs.gov](http://www.dhs.gov) | U.S. Citizenship and Immigration Services - [www.uscis.gov](http://www.uscis.gov) | E-Verify Program | Contact | Accessibility | Download User's Guide

**EXHIBIT I**

**PARTICIPATION COMMITMENT**

Careful review and consideration was given to the following appendices, however, we were unable to determine any need for services or products from the WBE/MBE/Service-Disabled Veteran qualified businesses, as defined in the RFP, and listed on the Missouri Office of Administration website ([www.oa.mo.gov](http://www.oa.mo.gov)). Based on the prior 13 years of experience and operation, we have never required the need to utilize these services or products.

**We are thoroughly committed to making every good faith effort to locate and contract with certified WBE/MBE/Service-Disabled Veteran qualified businesses should any opportunity to do so arise.**

**EXHIBIT J**

**DOCUMENTATION OF INTENT TO PARTICIPATE**

Careful review and consideration was given to the following appendices, however, we were unable to determine any need for services or products from the WBE/MBE/Service-Disabled Veteran qualified businesses, as defined in the RFP, and listed on the Missouri Office of Administration website ([www.oa.mo.gov](http://www.oa.mo.gov)). Based on the prior 13 years of experience and operation, we have never required the need to utilize these services or products.

**We are thoroughly committed to making every good faith effort to locate and contract with certified WBE/MBE/Service-Disabled Veteran qualified businesses should any opportunity to do so arise.**

**PRICING PAGE**

Line Item	Geographic Region	Original Contract Period Maximum Annual Total Price (based upon a 12-month period)	Minimum Annual Total Price Required to Provide Services (based upon a 12-month period)	Non-Residential Services, Price Per Client, Per Month	Residential Care Services, Price Per Client, Per Month
1	1	\$ _____	\$ _____	\$ _____	\$ _____
2	2	\$ _____	\$ _____	\$ _____	\$ _____
3	3	\$ _____	\$ _____	\$ _____	\$ _____
4	4	\$ 88,870	\$ _____	\$ 317	\$ 2,990
5	5	\$ _____	\$ _____	\$ _____	\$ _____
6	6	\$ _____	\$ _____	\$ _____	\$ _____
7	7	\$ _____	\$ _____	\$ _____	\$ _____
8	8	\$ _____	\$ _____	\$ _____	\$ _____
9	9	\$ _____	\$ _____	\$ _____	\$ _____

## **EXHIBIT M**

### **MISCELLANEOUS INFORMATION**

#### **Outside United States:**

If any products and/or services offered under this RFP are being manufactured or performed at sites outside the United States, the vendor MUST disclose such fact and provide details in the space below or on an attached page.

Are any of the vendor's proposed products and/or services being manufactured or performed at sites outside the United States?  Yes   No  X

If YES, do the proposed products/services satisfy the conditions described in section 4, subparagraphs 1, 2, 3, and 4 of Executive Order 04-09? (see the following web link:

[http://s1.sos.mo.gov/CMSImages/Library/Reference/Orders/2004/eo04\\_009.pdf](http://s1.sos.mo.gov/CMSImages/Library/Reference/Orders/2004/eo04_009.pdf)

Yes   No

If YES, mark the appropriate exemption below, and provide the requested details:

1.  Unique good or service.

• EXPLAIN: \_\_\_\_\_

2.  Foreign firm hired to market Missouri services/products to a foreign country.

• Identify foreign country: \_\_\_\_\_

3.  Economic cost factor exists

• EXPLAIN: \_\_\_\_\_

4.  Vendor/subcontractor maintains significant business presence in the United States and only performs trivial portion of contract work outside US.

• Identify maximum percentage of the overall value of the contract, for any contract period, attributed to the value of the products and/or services being manufactured or performed at sites outside the United States:  %

• Specify what contract work would be performed outside the United States: \_\_\_\_\_

#### **Employee/Conflict of Interest:**

Vendors who are elected or appointed officials or employees of the State of Missouri or any political subdivision thereof, serving in an executive or administrative capacity, must comply with sections 105.450 to 105.458, RSMo, regarding conflict of interest. If the vendor or any owner of the vendor's organization is currently an elected or appointed official or an employee of the State of Missouri or any political subdivision thereof, please provide the following information:

Name and title of elected or appointed official or employee of the State of Missouri or any political subdivision thereof:  N/A

If employee of the State of Missouri or political subdivision thereof, provide name of state agency or political subdivision where employed:  N/A

Percentage of ownership interest in vendor's organization held by elected or appointed official or employee of the State of Missouri or political subdivision thereof:  N/A  %

**EXHIBIT M, continued**

**Registration of Business Name (if applicable) with the Missouri Secretary of State:**

The vendor should indicate the vendor's charter number and company name with the Missouri Secretary of State. Additionally, the vendor should provide proof of the vendor's good standing status with the Missouri Secretary of State. If the vendor is exempt from registering with the Missouri Secretary of State pursuant to section 351.572, RSMo., identify the specific section of 351.572 RSMo., which supports the exemption.

N00069672	Kingdom Ministries DBA Faith Maternity Care
<i>Charter Number (if applicable)</i>	<i>Company Name</i>
If exempt from registering with the Missouri Secretary of State pursuant to section 351.572 RSMo., identify the section of 351.572 to support the exemption:	

NO. N00069571

# STATE OF MISSOURI



Matt Blunt  
Secretary of State

CORPORATION DIVISION  
CERTIFICATE OF INCORPORATION  
MISSOURI NONPROFIT

WHEREAS, duplicate originals of Articles of Incorporation of  
KINGDOM MINISTRIES

have been received and filed in the office of the Secretary of State, which Articles, in all respects, comply with the requirements of Missouri Nonprofit Corporation Law.

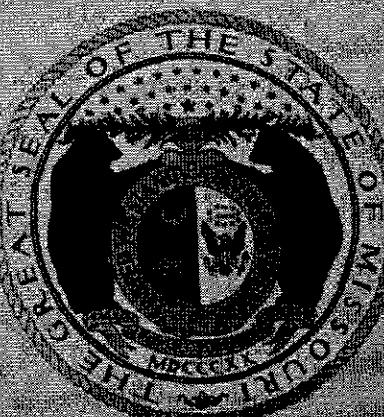
NOW, THEREFORE I, MATT BLUNT, Secretary of State of the State of Missouri, by virtue of the authority vested in me by law, do hereby certify and declare this entity a body corporate, duly organized this date and that it is entitled to all rights and privileges granted corporations organized under the Missouri Nonprofit Corporation Law.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 8th day of JULY, 2002.

The handwritten signature of Matt Blunt, Secretary of State.

Secretary of State

\$25.00





## MISSOURI ONLINE BUSINESS FILING

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### Nonprofit Corporation Details as of 8/26/2016

<a href="#">Business Entity Fees &amp; Forms</a>																													
<a href="#">Business Entity FAQ</a>																													
<a href="#">Business Entity Home Page</a>																													
<a href="#">Business Entity Online Filing</a>																													
<a href="#">Business Outreach Office</a>																													
<a href="#">Business Entity Contact Us</a>																													
<a href="#">UCC Online Filing</a>																													
<a href="#">Secretary of State Home Page</a>																													
<p><b>File Documents</b> - select the filing from the "Filing Type" drop-down list, then click FILE ONLINE.</p> <p><b>File Registration Reports</b> - click FILE REGISTRATION REPORT.</p> <p><b>Copies or Certificates</b> - click FILE COPIES/CERTIFICATES.</p>																													
<p><b>RETURN TO</b> <b>SEARCH RESULTS</b></p> <p>Selected filing from the list: Filing Type: Amended and Restated Articles of Incorporation</p> <p><b>FILE ONLINE</b></p>																													
<p><b>ORDER COPIES/CERTIFICATES</b></p>																													
<table><thead><tr><th>General Information</th><th>Filings</th><th>Address</th><th>Contact(s)</th></tr></thead><tbody><tr><td>Name: KINGDOM MINISTRIES</td><td></td><td>Address: 1600 Lake Drive PO Box 8222 Fulton, MO 65251</td><td></td></tr><tr><td>Type: Nonprofit Corporation</td><td></td><td>Charter No.: R00095672</td><td></td></tr><tr><td>Domesticity: Domestic</td><td></td><td>Status: Good Standing</td><td></td></tr><tr><td>Registered Agent: ORIAS, LAURA</td><td></td><td>Date Formed: 7/8/2002</td><td></td></tr><tr><td>1600 LAKE DRIVE</td><td></td><td></td><td></td></tr><tr><td>Fulton, MO 65251</td><td></td><td></td><td></td></tr></tbody></table>		General Information	Filings	Address	Contact(s)	Name: KINGDOM MINISTRIES		Address: 1600 Lake Drive PO Box 8222 Fulton, MO 65251		Type: Nonprofit Corporation		Charter No.: R00095672		Domesticity: Domestic		Status: Good Standing		Registered Agent: ORIAS, LAURA		Date Formed: 7/8/2002		1600 LAKE DRIVE				Fulton, MO 65251			
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<p><b>Duration Period:</b></p>																													
<p>Region: D - 8212017</p>																													
<p><small>The information contained on this page is provided as a public service, and may change at any time. The State, its employees, contractors, subcontractors or their employees do not make any warranty, expressed or implied, or assume any legal liability for the accuracy, completeness or usefulness of any information, apparatus, product or process disclosed or represent that its use would not infringe on privately-owned rights.</small></p>																													



Supplier Activity : RFPS30034901700042 - Alternatives to Abortion Program Services for Office of Administration (Formal)

State of Missouri □ Karen Herman □

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Hermann ▶

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<input type="checkbox"/>	A Plus In-Home Wellness LLC ↗	Aug 3, 2016 11:40 AM CDT	✗	✗	✗	✗	✗	✗	
<input type="checkbox"/>	Adoption and Foster Care Coalition of MO ↗	Jul 18, 2016 9:35 AM CDT	✗	✗	Aug 11, 2016 2:08 PM CDT [1 OF 2]	✗	✗	✗	
<input type="checkbox"/>	Affordable & Excellent Home Health Care ↗	Jul 26, 2016 3:52 PM CDT	✗	✗	✗	✗	✗	✗	
<input type="checkbox"/>	Alliance for Life - Missouri Inc ↗	Jul 18, 2016 10:24 AM CDT [11 OF 11]	Aug 17, 2016 9:52 AM CDT [11 OF 11]	Aug 17, 2016 1:05 PM CDT [2 OF 2]	Aug 25, 2016 8:40 PM CDT [2 OF 2]	Aug 25, 2016 9:00 PM CDT [4 OF 4]	Aug 18, 2016 4:12 PM CDT	Aug 26, 2016 10:21 AM CDT [9 OF 9] [ ] = 13	
<input type="checkbox"/>	Benjamin Foods LLC ↗	Jul 18, 2016 1:57 PM CDT	✗	Jul 18, 2016 1:57 PM CDT	✗	✗	✗	✗	
<input type="checkbox"/>	Caregivers World Inc ↗	Jul 18, 2016 9:19 AM CDT	✗	✗	✗	✗	✗	✗	
<input type="checkbox"/>	Catholic Charities of Southern Missouri ↗	Aug 15, 2016 3:24 PM CDT [11 OF 11]	Aug 19, 2016 10:50 AM CDT	✗	Aug 26, 2016 2:08 PM CDT [2 OF 2]	Aug 19, 2016 10:51 AM CDT [3 OF 4]	Aug 19, 2016 2:11 PM CDT [9 OF 9]	Aug 26, 2016 2:11 PM CDT [9 OF 9] [ ] = 0	
<input type="checkbox"/>	Child Center - Marygrove ↗	Jul 18, 2016 11:13 PM CDT	✗	Jul 16, 2016 11:13 PM CDT	✗	✗	✗	✗	

Select	Vendor Name	Solicitation First Viewed	Document(s) Accepted	Last Document Download Attempt	Addenda Viewed	Addendum Document(s) Accepted	Last Addendum Document(s) Download Attempt	Submitted Response
<input type="checkbox"/>	Close To Home Independent Living Skills✓	Jul 26, 2016 7:45 PM CDT	✗	✗	✗	✗	✗	✗
<input type="checkbox"/>	CSG Government Solutions✓	Aug 11, 2016 3:31 PM CDT	✗	✗	Aug 11, 2016 3:31 PM CDT [1 OF 2]	✗	✗	✗
<input type="checkbox"/>	Express Home Care LLC✓	Jul 22, 2016 10:14 AM CDT	✗	Aug 4, 2016 3:02 PM CDT	✗	✗	✗	✗
<input type="checkbox"/>	Faith Maternity Care✓	Aug 25, 2016 1:29 PM CDT [11 OF 11]	✗	Aug 25, 2016 3:06 PM CDT [2 OF 2]	Aug 25, 2016 3:18 PM CDT [4 OF 4]	Aug 25, 2016 3:07 PM CDT	Aug 26, 2016 10:46 AM CDT [9 OF 9] 	
<input type="checkbox"/>	GV Traindrem Consulting✓	Jul 25, 2016 11:15 AM CDT	✗	✗	✗	✗	✗	✗
<input type="checkbox"/>	I Regina Gourdine✓	Jul 15, 2016 7:30 PM CDT	✗	✗	✗	✗	✗	✗
<input type="checkbox"/>	KM Group LLC✓	Aug 2, 2016 10:50 AM CDT	✗	Aug 2, 2016 10:50 AM CDT	✗	✗	✗	✗
<input type="checkbox"/>	Laclede County Pregnancy Support Center✓	Jul 27, 2016 2:08 PM CDT [11 OF 11]	✗	Aug 19, 2016 1:49 PM CDT	Aug 25, 2016 2:34 PM CDT [2 OF 2]	Aug 25, 2016 3:17 PM CDT [4 OF 4]	Aug 25, 2016 2:56 PM CDT	Aug 25, 2016 3:19 PM CDT [9 OF 9] 
<input type="checkbox"/>	Lutheran Family and Childrens Services of Missouri✓	Jul 18, 2016 8:51 AM CDT [11 OF 11]	✗	Jul 18, 2016 8:56 AM CDT	Jul 18, 2016 8:57 AM CDT	Aug 25, 2016 2:32 PM CDT [2 OF 2]	Aug 25, 2016 2:40 PM CDT [4 OF 4]	Aug 26, 2016 9:20 AM CDT [9 OF 9] 
<input type="checkbox"/>	Midwest Foundation Supply✓	Jul 22, 2016 2:08 PM CDT	✗	✗	✗	✗	✗	✗
<input type="checkbox"/>	Mothers Refuge✓	Aug 2, 2016 2:10 PM CDT [11 OF 11]	✗	Aug 22, 2016 1:56 PM CDT	Aug 11, 2016 2:37 PM CDT [1 OF 2]	Aug 11, 2016 2:55 PM CDT [3 OF 4]	Aug 22, 2016 2:07 PM CDT	Aug 22, 2016 2:07 PM CDT [9 OF 9] 
<input type="checkbox"/>	Nurses for Newborns✓	Jul 16, 2016 3:39 PM CDT [11 OF 11]	✗	Aug 23, 2016 3:52 PM CDT	Aug 26, 2016 2:12 PM CDT [2 OF 2]	Aug 11, 2016 3:48 PM CDT [3 OF 4]	Aug 26, 2016 2:16 PM CDT	Aug 26, 2016 2:16 PM CDT [9 OF 9] 

Select	Vendor Name	Solicitation First Viewed	Document(s) Accepted	Last Document Download Attempt	Addenda Viewed	Addendum Document(s) Accepted	Last Addendum Document(s) Download Attempt	Submitted Response
<input type="checkbox"/>	OAKWOOD PACKAGING COMPANY,✓	Aug 22, 2016 3:59 PM CDT	✗	✗	3:59 PM CDT [1 OF 2]	✗	✗	✗
<input type="checkbox"/>	Parthenia M Reading,✓	Aug 20, 2016 3:06 PM CDT	✗	✗	Aug 20, 2016 3:06 PM CDT [1 OF 2]	✗	✗	✗
<input type="checkbox"/>	Repucare, Inc.,✓	Jul 18, 2016 9:18 AM CDT	✗	✗	✗	✗	✗	✗
<input type="checkbox"/>	Saam,✓	Jul 15, 2016 7:19 PM CDT	✗	✗	Aug 25, 2016 9:46 PM CDT [2 OF 2]	✗	✗	✗
<input type="checkbox"/>	SSM Health DePaul Hospital - St Louis,✓	Aug 2, 2016 1:11 PM CDT	✗	✗	✗	✗	✗	✗
<input type="checkbox"/>	Taylor Consulting LLC,✓	Jul 16, 2016 8:21 AM CDT	✗	Jul 16, 2016 8:21 AM CDT	✗	✗	✗	✗
<input type="checkbox"/>	Tech Electronics, Inc.,✓	Aug 3, 2016 11:47 AM CDT	✗	✗	✗	✗	✗	✗
<input type="checkbox"/>	The Haven of Grace,✓	Jul 19, 2016 9:56 AM CDT	[11 OF 11]	Aug 17, 2016 2:25 PM CDT	Aug 25, 2016 2:36 PM CDT [2 OF 2]	Aug 25, 2016 3:29 PM CDT [4 OF 4]	Aug 25, 2016 3:26 PM CDT	Aug 26, 2016 10:19 AM CDT [9 OF 9] [1] = 1
<input type="checkbox"/>	The LIGHT House Inc.,✓	Aug 12, 2016 7:21 AM CDT	[11 OF 11]	Aug 25, 2016 3:11 PM CDT	Aug 25, 2016 2:56 PM CDT [2 OF 2]	Aug 25, 2016 3:11 PM CDT [4 OF 4]	Aug 25, 2016 3:05 PM CDT	Aug 26, 2016 2:20 PM CDT [8 OF 9] [1] = 0
<input type="checkbox"/>	Washington County Community 2000 Partnership, Inc.,✓	Jul 18, 2016 4:56 PM CDT	✗	✗	✗	✗	✗	✗

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